

N99 00000 6174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

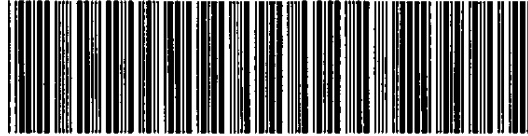
(Business Entity Name)

(Document Number)

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JAN 26 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ocean Walk Villas Condominium Association , Inc.
Name of Corporation

DOCUMENT NUMBER: N99000006174

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Nunes

Name of Contact Person

Ocean Walk Villas Condominium Association, Inc

Firm/Company

2001 Oceanwalk Terrace Box A

Address

Pompano Beach, FL 33062

City/State and Zip Code

srnunes@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Nunes

Name of Contact Person

at (**954**) **850-8484**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ocean Walk Villas Condominium Association, Inc.
2. The principal office address: 2001 Oceanwalk Terrace Box A
Pompano Beach, FL 33062
3. The mailing address (if different): 1322 SE 7th Street
Ft Lauderdale, FL 33316
4. Date of incorporation/qualification: 10/19/1999 Document number: N99000006174
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

William Barry Paul, Esq.
5550 Glades Road Ste 500
Boca Raton, FL 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William Barry Paul, Esq.
1075 Broken Sound Parkway NW Ste 102
P.O. Box NOT acceptable
Boca Raton, FL 33487

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Steve Nunes, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

1/19/16

Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *