

N00000000341

*Salt Ponds Condominiums*

3635 Seaside Drive, Unit 103  
Key West, FL 33040

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

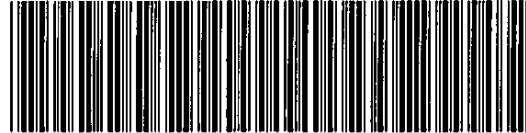
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*RA Change  
Thewis*

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06 SEP 11 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09/12/06--01020--008 \*\*35.00

**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: SALT PONDS CONDOMINIUM, INC.
2. The principal office address: 3635 SEASIDE DR. #103  
KEY WEST, FL 33040
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Jan 19, 2000 Document number: NA0000000541
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

KATZMAN & KAD, P.A.  
1501 NORTHWEST 49<sup>TH</sup> ST SUITE 202  
FORT LAUDERDALE, FL 33309

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

R. BRUCE WALLACE, ~~ESQ.~~  
608 WHITEHEAD ST.  
(P.O. Box NOT acceptable)  
KEY WEST, FL 33040

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.

Michael Weinhofer  
(Signature of an officer or director)

MICHAEL WEINHOFER  
(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.*

R. Bruce Wallace  
(Signature of Registered Agent)

8/21/06  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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OK NCP