

NOI 0000005001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

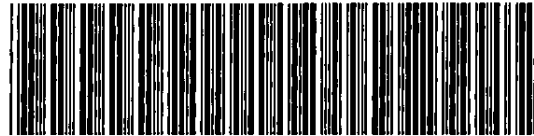
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000079869380

09/25/06--01013--003 \*\*35.00

*LA to ch*

FILED

06 SEP 25 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts SEP 25 2006

**DICKER, KRIVOK & STOLOFF, P.A.**

ATTORNEYS AT LAW

1818 AUSTRALIAN AVENUE SOUTH  
SUITE 400  
WEST PALM BEACH, FLORIDA 33409

EDWARD DICKER  
JAMES N. KRIVOK  
SCOTT A. STOLOFF  
LAURIE G. MANOFF

TELEPHONE  
(561) 615-0123

FAX  
(561) 615-0128

September 20, 2006  
SENT VIA REGULAR U.S. MAIL

Florida Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

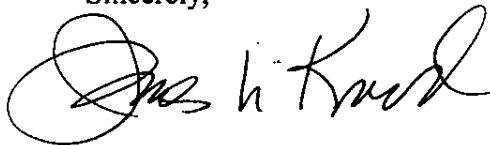
**Re: Turtle Cay Master Association, Inc.**

To whom it may concern:

Enclosed is the Statement of Change of Registered Office or Registered Agent or Both For Corporations for Turtle Cay Master Association, Inc., for filing with the Division of Corporations. Also, enclosed is the our firm's check in the amount of Thirty-Five Dollars (\$35.00) representing filing fees for the same.

If you require anything further, please contact me.

Sincerely,



JAMES N. KRIVOK  
For the Firm

JNK/jf

Enclosures

cc: Association, c/o MMI of Palm Beach, Inc.,

T:\Documents\Janet\JK\FORMS\LETTERS\FlaSecofStateFilingLtr.wpd

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TURTLE CAY MASTER ASSOCIATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N01000005001

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:

JAMES N. KRIVOK, ESQUIRE  
(Name of Contact Person)

DICKER, KRIVOK & STOLOFF, P.A.  
(Firm/Company)

1818 AUSTRALIAN AVE. S. STE. 400  
(Address)

WEST PALM BEACH, FL 33409  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES KRIVOK at ( 561 ) 615-0123  
(Name of Contact Person) (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

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.

- SKRLD, INC.,**

201 ALHAMBRA CIRCLE, #1102

CORAL GABLES, FL 33134

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

**JAMES N. KRIVOK, ESQ., DICKER, KRIVOK & STOLOFF, P.A.**

1818 AUSTRALIAN AVE., S. STE. 400

(P.O. Box NOT acceptable)

WEST PALM BEACH, FL 33409

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.

Ladorne Brannen  
(Signature of an officer or director)

LaDorne, Branner  
(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.*

9/20/06

(Signature of Registered Agent)

\_\_\_\_\_  
(Date)

(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)

FILED  
06 SEP 25 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA