

740352

(Requ	iestor's Name)				
(Address)					
(Addr	ess)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate:	s of Status			
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COVER LETTER

TO: Amend Division	Iment Section on of Corporations			
SUBJECT:	The Sea Brook Place	e Condominiun Name of Corporation	n Association,	Inc.
DOCUMENT	NUMBER:	74035	2	
The enclosed S	statement of Change of Regis	stered Office/Agent	and fee are submitte	d for filing.
Please return a	II correspondence concerning	g this matter to the fo	ollowing:	
		Deborah Ross		,
	1	Name of Contact Per	son	
	ŗ	Poss Forlo (Pos		
		Ross Earle & Bor Firm/Company	iari	
		• •		
789 S Federal Highway, Suite 101 Address				
		Address		
	···	Stuart, FL 3499 City/State and Zip Co	4	<u>.</u>
		Stalsthe used for future an		ation)
For further info	ormation concerning this mat	tter, please call:	·	. •
	Deborah Ross	at (772 j	287-1745
	Name of Contact Person	A	rea Code & Daytim	287-1745 e Telephone Number
Enclosed is a \$	35.00 check made payable to	o the Department of	State.	
	Mailing Address: Amendment Sect	ion	Street Address:	tion

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

in or	change is submitted for a corporation organized under the laws of the St rder to change its registered office or registered agent, or both, in the St	ate of Florida.
	of the corporation: The Sea Brook Place Condominium	Association, Inc.
	oal office address: 955 SE Federal Highway, Suite 202	
	FL 34994	
3. The mailing	g address (if different): same as above	
4. Date of inc	corporation/qualification: 10/06/1977 Document number:	740352
	and street address of the current registered agent and registered office on partment of State: (If resigned, enter resigned)	file with the
	Fields, Gary Esp	
	4400 PGA Blvd, Suite 900	
	Palm Beach Gardens, FL 33410	AUG
6. The name a	and street address of the new registered agent (if changed) and /or registed):	ered office
	Ross Earle & Bonan, P.A.	9: 5
	789 S Federal Highway, Suite 101	
	P.O Box NOT acceptable	
	Stuart, FL 34994	
The street ad as changed w	dress of its registered office and the street address of the business off vill be identical.	ice of its registered agent,
Such change author/Zed by	was authorized by resolution duly adopted by its board of directors of the board, or the corporation has been notified in writing of the char	or by an officer so nge.
Mar L Sigi	natury of an officer or director Printed or typed in	ame and title
I hereby acce I further agr of my duties, document is corporation	ept the appointment as registered agent and agree to act in this capace to comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as rebeing filed merely to reflect a change in the registered office address has been notified in writing of this change.	city. and complete performanc egistered agent. Or, if thi , I hereby confirm that the
	Signature of Registered Agents Date	·
If signing on	behalf of an entity:	
PEBO	ZAH ROSS Typed or Printed Name	

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