## W000456

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number

: (850)205-0380

Account Name

: NASON, YEAGER, GERSON, WHITE & LIOCE, P.A

Account Number : 073222003555 : (561)686-3307

Phone Fax Number (551) 686-5442

## REGISTERED AGENT CHANGE

WATERFORD CROSSINGS PROPERTY OWNERS ASSOCIATION, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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1. The name of the corporation is:

H030003150253

## 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.			WATERFORD CROSSINGS PROPERTY OWNERS ASSOCIATION, INC.	
2.	The principal office address:	Suit	00 PGA Blvd. te 620	
3.	The mailing address (if different):	Pal	m Beach Gardens, Florida 33410	
			1000 1	
4.	Date of incorporation/qualification:	07/30/99	Document number: N99000004565  ed agent and registered office on file with the Florida  Edgar, III	
5.	The name and street address of the conceptation of State:	urrent registere	ed agent and registered office on file with the Florida 🥝 🧓	
		Charles W.		
			Beach, Floridz 33401	
6.	The name and street address of the nachanged):	ew registered a	agent (if changed) and/or registered office (if	
	•	John White	<del></del>	
			ger, Gerson, White & Lioce, P.A.	
			Beach Lakes Blvd., Suite 1200 Beach, Florida 33401	
The be id	street address of its registered office and lentical.	the street addres	is of the business office of its registered agent, as changed, will	
Suci the c	n change was authorized by resolution duly corporation has been notified in writing of a	adopted by its b	poard of directors or by an officer so authorized by the board, or	
7	tatios mo as	·	Robert A. McIntosh, President	
(2)	gnature of an officer, chairman, or vice chairman o	f the board)	(Printed or typed name and title)	
with with refle	the provisions of all statutes relative is and accept the obligation of my posi	to the proper a tion as registe	l agree to act in this capacity. I further agree to comply and complete performance of my duties, and I am familiar area agent. Or, if this document is being filed merely to a confirm that the corporation has been notified in writing	
	(Signature of Registered Agent)	<u>a</u>	(Date)	
Lf si	guing on behalf of an entity:			
	White II		Registered Agent	
	(Typed or Printed Name)		(Capacity)	
	. بىك	4 4 THE TAY	The state of the s	

\* \* \* FILING FEE: \$35,00\* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. ROX 6327, TALLAHASSEE, PL 32214 H:\5745\12169\DChangeOfRegisteredAgenLANW/nnw