| Address         | 1132 KANE CONCOURSE, SUITE 200 |  |
|-----------------|--------------------------------|--|
| City-State-Zip: | BAY HARBOR ISLANDS FL 33454    |  |

1132 KANE CONCOURSE, SUITE 200 BAY HARBOR ISLANDS. FL 33454

DOCUMENT# N1900008290

## **Current Mailing Address:**

1132 KANE CONCOURSE, SUITE 200 BAY HARBOR ISLANDS. FL 33454 US

## FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

SAKOWITZ, ALAN 1132 KANE CONCOURSE, SUITE 200 BAY HARBOR ISLANDS, FL 33454 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Title

Title

Name

Name

Address

## **Officer/Director Detail :**

PD

SD

SAKOWITZ, ALAN

City-State-Zip: BAY HARBOR ISLANDS FL 33454

| I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. |
|--|

SIGNATURE: MAURICE EGOZI

MANAGER

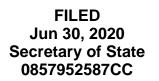
06/30/2020

Electronic Signature of Signing Officer/Director Detail

|      |  | Date |
|------|--|------|
|      |  |      |
|      |  |      |
| VPTD |  |      |

Certificate of Status Desired: No

| Title           | VPTD                           |
|-----------------|--------------------------------|
| Name            | EGOZI, MAURICE                 |
| Address         | 1132 KANE CONCOURSE, SUITE 200 |
| City-State-Zip: | BAY HARBOR ISLANDS FL 33454    |



Date

Electronic Signature of Registered Agent

1132 KANE CONCOURSE, SUITE 200

HANDLER HOSTYK, HANNAH

Entity Name: WINDEMERE CENTER CONDOMINIUM ASSOCIATION, INC.