7/8367

(Requestor's Name) (Address) (Address)	400180002204		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	05/04/1001032001 **35.00		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only	2010 HAY -4 AH 10: 17		

COVER LETTER

TO: Amendm Division	ent Section of Corporations		
SUBJECT:	Inlet House Condomin	ium Apartments, Ind	D
DOCUMENT N		718267	
	tement of Change of Registered Off		itted for filing
	correspondence concerning this mate	_	inca for ming.
riease retuin an c	correspondence concerning this man	ter to the following.	
		n A. Sierra	
	Name of C	Contact Person	
	Daalaa 0 F	D-11-1-46 D A	
		Poliakoff, P.A. Company	
	1850 Fountainview	Boulevard, Suite 103	
		idress	
	Port St. Lucie	e, Florida 34986 and Zip Code	
	Chyrolate	and hip code	
		er-poliakoff.com	· (C ()
	E-mail address: (to be used for	r future annual report nou	incation)
T 0 1 1 0		11.	
For further inform	nation concerning this matter, pleas	e can:	
	Carmen A. Sierra	at (772)	871-9320 time Telephone Number
N	ame of Contact Person	Area Code & Day	time Telephone Number
Enclosed is a \$35	5.00 check made payable to the Dep	artment of State.	
	Mailing Address: Amendment Section	Street Address Amendment S	<u>s:</u> Section
	Division of Corporations	Division of C	Corporations
	P.O. Box 6327	Clifton Build	
	Tallahassee, FL 32314	2661 Executi Tallahassee, l	ve Center Circle FL 32301

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta nge is submitted for a corporation organized under the laws of the State of Flo r to change its registered office or registered agent, or both, in the State of Flor	orida	is ———	
	he corporation: Inlet House Condominium Apartments, Inc. office address: 2302 Sunrise Boulevard, Fort Pierce, FL 34982			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 3/23/1970 Document number:	71826	37	
5. The name and Florida Depar	street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)	the		
	Mary R. Harvey, Esq.			
	850 N.W. Federal Highway			
	Stuart, FL 34994	Ha	20	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		2010 HAY -4	を持ちませる。 ・
	Becker & Poliakoff, P.A., c/o Kenneth S. Direktor, Esq.			
	1850 Fountainview Boulevard, Suite 103 P.O. Box NOT acceptable		AM IO:	Emily 1
	Port St. Lucie, Florida 34986		17	
The street addre	ss of its registered office and the street address of the business office of its r be identical.	egistere	d agent,	,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer so	•	
Signatur	M. W. Base Leasure ANA M. W. 150, e of an officer or director Printed or typed name and title	VII	EAS.	RER
I hereby accept I further agree t of my duties, an document is bei corporation he	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered and filed merely to reflect a change in the registered office address, I hereby for a notifical in writing of this change.	ete perj Igent. (Confirm	formanc Or, if thi that the	e s ?
Sign	hature of Registered Agent Date			
-	half of an entity:			
	enneth S. Direktor pped or Printed Name			

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