

722603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

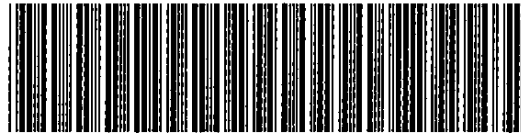
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600080285286

11/16/06--01025--001 **35.00

FILED

06 NOV 16 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA
Chm
Syl

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOWER 1515 Condominium
(Name of Corporation)

DOCUMENT NUMBER: 722603

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:

Michelle D. Krumenacker
(Name of Contact Person)

CMC Management, Inc.
(Firm/Company)

2950 Jog Road
(Address)

Greenacres, FL 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle D. Krumenacker at 561, 641-1016
(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

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tower 1515 Condominium Apartments Association, Inc.
2. The principal office address: 1515 South Flagler Drive
West Palm Beach, FL 33401
3. The mailing address (if different): C/O CMC Management, Inc.
2950 Jog Road, Green Acres, FL 33467
4. Date of incorporation/qualification: _____ Document number: 722603
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Scot A. Gerrish
2994 Jog Road
Lake Worth, FL 33467

FILED
06 NOV 16 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

St. John, Core + Lemme, P.A. Law Offices
Centurion Tower, Suite 701 1601 Forum Place
(P.O. Box NOT acceptable)
West Palm Beach, Florida 33401

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.

[Signature]
(Signature of an officer or director)

HANI RIAN, PRESIDENT
(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.

[Signature]
(Signature of Registered Agent)

11-7-2006
(Date)

If signing on behalf of an entity:

DAVID A. COPE Secretary
(Typed or Printed Name)

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