726793

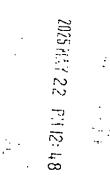
(Requestor's Name)
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Yacht Harbour Condominium Association, In Name of Corporation	С.
DOCUMENT NUMBER: 726793	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Scott Parker	
Name of Contact Person	
Yacht Harbour Condominium Association	
Firm/Company	
2901 S Bayshore Dr., Attn: Management Office	
Address	
Coconut Grove, Fl 33133	
City/State and Zip Code	
sparker@kwpmc.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please	call:
Scott Parker	31 (305-442-290)
Name of Contact Person	at (305-442-290) Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depart	rtment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

		ganized under the laws of the State of Florida sistered agent, or both, in the State of Florida.	
1. The name o	f the corporation: Yacht Harbour Condor	minium Association, Inc.	
2. The principa	al office address: 2901 S. Bayshore Dr, A	ttn: Management Office, Coconut Grove, Fl 33133	}
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 6-25-73	Document number: 726793	
5. The name a		d agent and registered office on file with the gned)	2025
	Siegfried Rivera		5
	201 Alhanbra Circle, Eleventh Floor		2025 HAY 22
	Coral Gables, Fl 33134		7 0
6. The name a (if changed)		egent (if changed) and /or registered office	PH 12: 48
	SKRLD, Inc.		
	201 ALhambra Circle, Eleventh Floor		
	P.O. Coral Gables, Fl 33134	Box NOT acceptable	
The street add	ress of its registered office and the stro	eet address of the business office of its register	red agent,
Such change vauthorized by	was authorized by resolution duly ador the board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.	0
Vere 2	Tould	Jane Gould - President	
1 /	ture of an officer or director	Printed or typed name and title	
		and agree to act in this capacity. tatutes relative to the proper and complete per obligation of my position as registered agent. I the registered office address, I hereby confiringe.	rformance Or, if this on that the
,	ung Allango	5/13/25	
Sha	<u> </u>	Date	
_Shas	ignature of Registered Agest		
_	ignature of Registered Agosti ochalf of an entity:		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)