731941

(Requestor's Name)
(Address)
(Address)
(133.555)
(Cit. (Chata Tin Dhona th)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
,
<u>r</u> .
Special Instructions to Filing Officer:
·

Office Use Only



400240959824

10/19/12--01009--002 **35.00



OCT 1 9 2012 C. MUSTAIN

from

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: The Waterbury Condominium Association, Inc.

Name of Corporation

OCUMENT NUMBER, 731941

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:

Sharon Kasen

Name of Contact Person

Benchmark Property Management, Inc.

Firm/Company

7932 Wiles Road

Address

Coral Springs, FL 33067

City/State and Zip Code

sharon@benchmarkpm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Kasen

...954

344-5353

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

statement of ch	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this tange is submitted for a corporation organized under the laws of the State of Florida
	ler to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: The Waterbury Condominium Association, Inc.
2. The principa	ll office address: c/o Benchmark Property Managment, Inc., 7932 Wiles Road, Coral Springs, Florida 330
3. The mailing	address (if different):
4. Date of incom	rporation/qualification: 02/19/1975 Document number: 731941
5. The name an	and street address of the current registered agent and registered office on file with the current resigned)
	Shendell & Associates, P.A.
	3650 North Federal Highway, Suite 202
	Lighthouse Point, FL 33064
6. The name an (if changed):	id street address of the new registered agent (if changed) and /or registered office
	Tucker & Tighe, P.A.
	800 East Broward Blvd. Cumberland Bld. Suite 710
	P.O. Box NOT acceptable
	Ft. Lauderdale, FL 33301
The street addr as changed will	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
- V.	Macomber 64RDIAB MACOMGER Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sig	/0-/5-/2 chature of Registered Agent Date
If signing on be	chalf of an entity:
Nerea	uth som
T	yped or Hrinted Name

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