

732432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

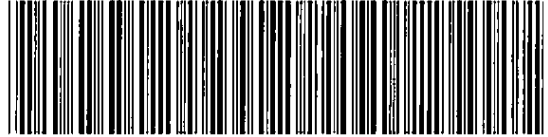
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• FLORIDA SUPREME COURT
CERTIFIED MEDIATOR

• BOARD CERTIFIED SPECIALIST IN
CONDOMINIUM AND PLANNED
DEVELOPMENT LAW

• BOARD CERTIFIED SPECIALIST
IN CONSTRUCTION LAW

June 4, 2024

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Old Port Cove Condominium Association Five, Inc.

Dear Sir/Madam

Enclosed please find a Cover Letter and Statement of Change of Registered Agent form regarding Old Port Cove Condominium Association Five, Inc. (Document No.: 732432). Also enclosed is a check in the amount of \$35.00 to cover the cost of filing the registered agent change with the Division.

If you have any questions, please do not hesitate to contact the undersigned.

Warmest Personal Regards,

KAYE BENDER REMBAUM, P.L.


Jeffrey A. Rembaum, Esq.
For the Firm

JAR/tr
Enclosures

BROWARD County:
1200 PARK CENTRAL BLVD, SOUTH
POMPANO BEACH, FL 33061
TEL: 954.928.0680 FAX 954.772.0319

ORANGE County:
UNIVERSITY CORPORATE CENTER II
11486 CORPORATE BLVD, SUITE 130
ORLANDO, FL 32817
TEL: 800.420.5567

HILLSBOROUGH County:
1211 N. WESTSHORE BLVD, SUITE 409
TAMPA, FL 33607
TEL: 813.375.0731 FAX 813.252.3057

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OLD PORT COVE CONDOMINIUM ASSOCIATION FIVE, INC.
Name of Corporation

DOCUMENT NUMBER: 732432

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:

CATHIE CARR, LCAM

Name of Contact Person

MIAMI MANAGEMENT, INC.

Firm/Company

11770 US HIGHWAY 1, #301E

Address

PALM BEACH GARDENS, FL 33408

City/State and Zip Code

CCarr@miamimanagement.com

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

For further information concerning this matter, please call:

CATHIE CARR

Name of Contact Person

at (561) 686-7818

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: OLD PORT COVE CONDOMINIUM ASSOCIATION FIVE, INC.
2. The principal office address: 108 LAKESHORE DRIVE, NORTH PALM BEACH, FL 33408
3. The mailing address (if different): 11770 US HIGHWAY ONE #501E, PALM BEACH GARDENS, FL 33408
4. Date of incorporation/qualification: 4/11/1975 Document number: 732432
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BECKER & POLIAKOFF, P.A.

625 NORTH FLAGLER DR.

WEST PALM BEACH, FL 33401

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

KAYE BENDER REMBAUM, P.L.

1200 PARK CENTRAL BLVD., SOUTH

P.O. Box NOT acceptable

POMPANO BEACH, FL 33064

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

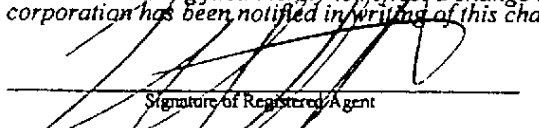
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

STEVEN WILBURN, 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 of Registered Agent

6/4/2024
Date

If signing on behalf of an entity:

Jeffrey A Rembaum
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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