## 735425

(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:	
(Document Number)  Certified Copies Certificates of Status	

Office Use Only



500105777295

07/13/07--01031--008 \*\*35.00

FILED

OT JUL 13 PM 2: 22

SECRETARY OF STAIL
NATIONAL STAIL

On Ichana

## **COVER LETTER**

Division of Corporations SUBJECT: The Shutters Condominium Association, Inc. (Name of Corporation) DOCUMENT NUMBER:\_735425 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: Lora D. Howe, Esq. (Name of Contact Person) Hilley & Wyant-Cortez, P.A. (Firm/Company) 860 U.S. Highway 1, Suite 108 (Address) North Palm Beach, FL 33408 (City/State and Zip Code) For further information concerning this matter, please call: 561 627-0009
(Area Code & Daytime Telephone Number) Lora D. Howe (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

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

statement of change is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Florida
in order to change its registered office	e or registered agent, or both, in the State of Florida.
1. The name of the corporation: The Shutter	
2. The principal office address: 155 Yacht C	lub Drive, North Palm Beach, FL 33408
3. The mailing address (if different):	
4. Date of incorporation/qualification: 3/3	0 76 Document number: 735425
5. The name and street address of the current re Florida Department of State:	egistered agent and registered office on file with the
Carol Ravantti-Lalla	
155 Yacht Club Driv	/e, #408 <u> </u>
North Palm Beach, F	FL 33408  Stered agent (if changed) and /or registered office
<ol><li>The name and street address of the new regi (if changed):</li></ol>	
Hilley & Wyant-Cor	tez, P.A.
860 U.S. Highway 1	
North Palm Beach,	OT acceptable) FL 33408
The street address of its registered office and as changed will be identical.	I the street address of the business office of its registered agent,
Such change was authorized by resolution de authorized by the board, or the corporation h	uly adopted by its board of directors or by an officer so has been notified in writing of the change.
Filmik Riegyl (Signature of an office of director)	Patrick Riegel, Treasure-
I hereby accept the appointment as registere I further agree to comply with the provisions of my duties, and I am familiar with and acc document is being filed merely to reflect a ci corporation has been notified in writing of the component of the corporation will be a corporation of the corporation of the corporation will be a corporation with the corporation will be appointed in the corporation will be a corporation with the provisions of the corporation will be a corporation with the provisions of the corporation with the provisions of the corporation will be a corporation with the provisions of the corporation will be a corporation with the provisions of the corporation will be a corporation with the provisions of the corporation will be a corporation with the provisions of the corporation will be a corporation with the corporation will be a corporation will be a corporation with the corporation will be a corporation will be a corporation with the corporation will be a	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the his change.
(Signature of Registered Agent)	TZ-LOYO7 (Date)
If signing on behalf of an entity:	(55)
LORA D. HOWE, S. (Typed or Printed Name)	2 <b>6</b> -,
* * * J	TLING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314