

748636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

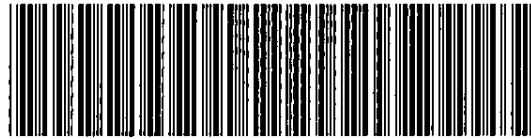
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900213501879

900213501879  
10/28/11--01031--001 \*\*35.00

FILED

11 NOV 15 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Chq.*  
C.COULLIETTE

NOV 15 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bay Yacht Club Condominium Assoc Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 748636

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:

Karen Danzinger  
Name of Contact Person

Orchid Management Solutions Inc  
Firm/Company

PO Box 50072  
Address

Lighthouse Point, FL 33074-0072  
City/State and Zip Code

admin@bayyachtclub.comcastb1z.net  
E-mail address: (to be used for future annual report notification)

For further information, call \_\_\_\_\_, at \_\_\_\_\_.

Karen Danzinger at ( 954 ) 943-9900  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2011

KAREN DANZINGER  
ORCHID MANAGEMENT SOLUTIONS INC  
PO BOX 50072  
LIGHTHOUSE POINT, FL 33074-0072

SUBJECT: BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 748636

We have received your document for BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 611A00024722

RECEIVED

11 NOV 10 AM 10:29

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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: Bay Yacht Club Condominium Association, INC.
2. The principal office address: 740 S Federal Hwy  
Pompano Beach, FL 33062
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/23/1979 Document number: 748636
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)

The Frydman Law Group PLLC

3389 Sheridan St #257

Hollywood, FL 33021

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

Orchid Management Solutions Inc

2965 NE 12th Ave

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.

Tracie Catalano  
Signature of an officer or director

Tracie Catalano, 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.*

Karen Danzinger  
Signature of Registered Agent

11/7/11  
Date

If signing on behalf of an entity:

Karen Danzinger, President  
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 (8/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 NOV 15 AM 8:50

FILED