

748 678

DICKER, KRIVOK & STOLOFF, P.A.

ATTORNEYS AT LAW

1818 AUSTRALIAN AVENUE SOUTH
SUITE 400
WEST PALM BEACH, FLORIDA 33409

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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(Business Entity Name)

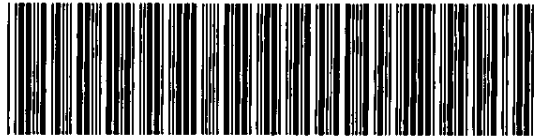
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PA Change

01/17/08

DC

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: BREAKWATERS OF THE PALM BEACHES CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 520 EXECUTIVE CENTER DR
WEST PALM BEACH FL 33401
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8-28-79 Document number: P3199 P0548-53
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BEEHER & POLIAHOFF P.A., 625 N. FLAGLER DR.
BANK OF AMERICA CENTER 7TH FLOOR
WEST PALM BEACH FL 33401

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

DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE SOUTH SUITE 400
(P.O. Box NOT acceptable)
WEST PALM BEACH, FL 33409

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TALLAHASSEE, FLORIDA

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.

Wayne L Summers
(Signature of an officer or director)

WAYNE L SUMMERS SECRETARY
(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.

Edward Dicker of Dicker Krivok & Stolloff
(Signature of Registered Agent)

1/11/08
(Date)

If signing on behalf of an entity:

Edward Dicker
(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)