

753867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

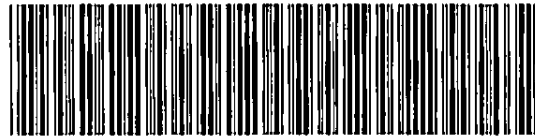
(Document Number)

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2018 SEP 21 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FL

C GOLDEN

SEP 24 2018

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Change of Registered Agent  
Name of Corporation

**DOCUMENT NUMBER:** 753867

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:

Jennifer Cunha

Name of Contact Person

Law Office of J.M.Cunha P.A.

Firm/Company

601 Heritage Dr, Ste 424

Address

Jupiter, FL 33458

City/State and Zip Code

accounting@jennifercunhalawoffice.com

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

For further information concerning this matter, please call:

Jennifer Cunha

Name of Contact Person

at ( 561 ) 231-0640

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

August 29, 2018

JENNIFER CUNHA  
601 HERITAGE DRIVE  
SUITE 424  
JUPITER, FL 33458

SUBJECT: WATERWAY TERRACE CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 753867

We have received your document 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 be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 218A00017991

REC'D  
18 SEP 21 AM 11:56  
SECRETARY OF STATE  
FALL AIDSS/FF 11/23/18

**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: WATERWAY TERRACE CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: c/o Singer Island Managers Group, LLC, 1781 Wheeler Road, North Palm Beach, FL 33408
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/25/1980 Document number: \_\_\_\_\_
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)  
Michael Merino PA  
6741 Orange Ave  
Davie, FL 33314

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

Law Office of J.M.Cunha P.A.

601 Heritage Dr, Ste 424

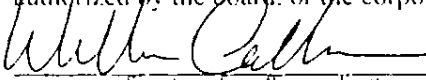
P.O. Box NOT acceptable

Jupiter, FL 33458

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**2018 SEP 21 PM 2:07**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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

William Caihoun

\_\_\_\_\_  
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

8/21/2018

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Jennifer Cunha

\_\_\_\_\_  
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