

760883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

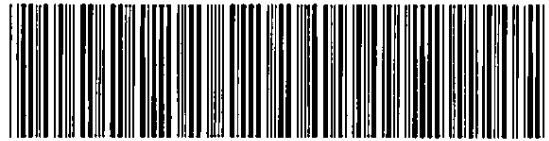
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900433433689

07/31/24--01029--017 \*\*35.00

FILED  
2024 JUL 31 PM 5:00  
SECRETARY OF STATE

Ra Change

AUG 15 2024

D CUSHING

**415 NORTH RIVER DRIVE CONDOMINIUM ASSOCIATION, INC.**  
**415 NW North River Drive**  
**Stuart, FL 34994**

July 23, 2024

**TO:** AMENDMENT SECTION  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** 415 North River Drive Condominium Association, Inc.

**DOCUMENT NUMBER:** 760883

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:

415 North River Drive Condo Assoc, Inc.  
Attn: Alicia B Butler  
P.O. Box 1577  
Stuart, FL 34995

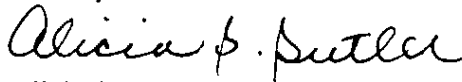
E-mail address to be used for future annual report notification: [lish512us@yahoo.com](mailto:lish512us@yahoo.com)

For further information concerning this matter, please call:

Alicia B Butler at 772-834-6160

Enclosed is a \$35.00 check made payable to the Department of State.

Thank you.



Alicia B Butler  
For the Board

FILED  
2024 JUL 31 PM 5:00  
TALLAHASSEE, FL  
CLERK OF THE COURT

**415 NORTH RIVER DRIVE CONDOMINIUM ASSOCIATION, INC.**

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH**

*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 is **415 NORTH RIVER DRIVE COMDOMINIUM ASSOCIATION, INC.**
2. The principal office address is: **415 NW North River Dr, Stuart, FL 34994.**
3. The mailing address (if different): **P.O. Box 1577, STUART, FL 34995.**
4. The date of incorporation/qualification: **December 7, 1981.** Document No: **760883.**
5. The names and address of the current resident agent and registered office on file with the Florida Department of State: **Resigned.**
6. The name and address of the new registered agent (if changed) and/or registered office (if changed):

**CARLOS DURAN**  
**415 NW North River Dr. #301**  
**Stuart, FL 34994**

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.

*Alicia B. Butler*  
Signature of an officer or director

*Alicia B. Butler*  
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 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]*  
Signature of Registered Agent

*6/24/24*  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Type or Printed Name

FILED  
2024 JUL 31 PM 5:00  
SECRETARY OF STATE  
FLORIDA