761064

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a.M.

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: (ASHICAND B CONDOMINIUM A Name of Corpor	SSOCIATION, INC.
DOCUMENT NUMBER: 7610	064
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
DANIEL WASSE Name of Contact	
WASSERSTEIN Firm/Compar	iy 📑 🚉 🕇
6501 CONGRESS AVEN	50 25 E
BOCA RATON, F City/State and Zip	L 33487 25
danw@wassersteir E-mail address: (to be used for future	
For further information concerning this matter, please call:	
Dan Wassersteinat	(561) 288-3999 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

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

statement of cha	mge is submitted for a co	orporation organize	607.1508, or 617.1508. Floi d under the laws of the State d agent, or both, in the State	of FLORIDA
	• ———		DOMINIUM ASSOC MERCE BLVD., BOCA	
3. The mailing a	nddress (if different): N/	A		
4. Date of incorp	poration/qualification:	01/04/1982	Document number:	761064
	I street address of the curtiment of State: (If resign		nt and registered office on fi	le with the
	HARTLEY, PATRI	CIA		
	800 VILLAGE SQ	UARE CROSSI	NG, SUITE 222	
	PALM BEACH GA	RDENS, FL 334	101	
6. The name and (if changed):	I street address of the new		if changed) and /or registere	SECRETARIO 2
	6501 CONGRESS BOCA RATON, FL	S AVENUE, SUI P,O Box NOT ac		SEF FLOOR
The street addre			dress of the business office	of its registered agent.
	A		y its board of directors or b	y an officer so
My Non	White by directory	resolut	MILTEN WE Printed or typed name	MER, PAESI DE
I further agree of my duties, an document is bei corporation had	the appointment as reg to comply with the provi of I am familiar with an ing filed merely to reflect theen notified in writing that the control of the control water of Registered Agent	isions of all statute d accept the obliga ct a change in the r	gree to act in this capacity s relative to the proper and tion of my position as reei, egistered office address, T	d complete performance stered agent. Or, if this hereby confirm that the
If signing on be	chalf of an entity:			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *