

764081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

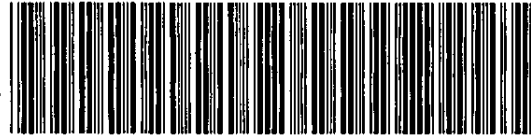
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 21 2013
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Williams Island Property Owners' Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 764081

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:

Michael P. Gable

Name of Contact Person

Law Office of Gable & Heidt

Firm/Company

4000 Hollywood Blvd., Suite 735 South Tower

Address

Hollywood, FL 33021-6755

City/State and Zip Code

michaelpgable@att.net

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

For further information concerning this matter, please call:

Michael P. Gable

Name of Contact Person

at (**954**) **966-2501**

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**

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: Williams Island Property Owners' Association, Inc.
2. The principal office address: 5300 Island Boulevard
Aventura, FL 33160
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/8/8 Document number: 764081
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)

Amy Stone

5300 Island Boulevard

Aventura, FL 33160

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

Michael P. Gable

4000 Hollywood Boulevard, Suite 735 South Tower

P.O. Box NOT acceptable

Hollywood, FL 33021-6755

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

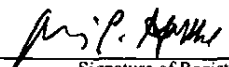
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Rod L. White, 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.


Signature of Registered Agent

8/13/13
Date

If signing on behalf of an entity:

Michael P. Gable

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 (03/12)

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