

N02 000000 6662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

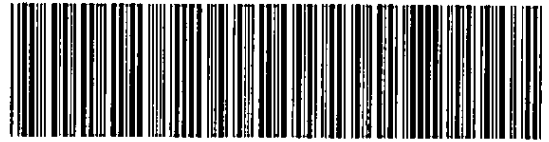
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAGNOLIA BAY GARDENS HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N02000006662

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:

Steve Raucci (Property Manager)

Name of Contact Person

Sea Breeze Community Management Services

Firm/Company

4227 Northlake Blvd

Address

Palm Beach Gardens, FL. 33410

City/State and Zip Code

bookkeeping@seabreezecms.com

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

For further information concerning this matter, please call:

Steve Raucci

Name of Contact Person

at (561)

626-0917

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: MAGNOLIA BAY GARDENS HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: C/O Sea Breeze CMS4227 Northlake Blvd Palm Beach Gardens, FL 33410

3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/30/2002 Document number: N02000006662
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)

KONYK & LEMME PLLC

140 INTRACOASTAL POINTE DRIVE #310

JUPITER, FL 33477

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

KAYE BENDER REMBAUM, P.L.

1200 Park Central Blvd. South

P.O. Box NOT acceptable

Pompano Beach, FL 33064

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.

DocuSigned by:

John Hanisch

C27687670A9A40C

Signature of an officer or director

John Hanisch

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.

DocuSigned by:

Jeffrey Rembaum

C78065968A1B4BC

Signature of Registered Agent

9/23/2021

Date

If signing on behalf of an entity:

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 (04/13)

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TALLAHASSEE, FL