

No3000003938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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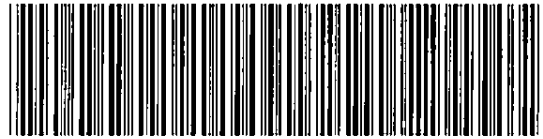
(Business Entity Name)

(Document Number)

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04/02/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLAGLER POINTE CONDOMINIUM ASSOCIATION OF WPB, INC.
Name of Corporation

DOCUMENT NUMBER: N03000003938

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:

LAURA MANNING-HUDSON, ESQ.

Name of Contact Person

SIEGFRIED RIVERA

Firm/Company

1655 PALM BEACH LAKES BLVD., #500

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

lmanning@siegfriedrivera.com

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

For further information concerning this matter, please call:

LAURA MANNING-HUDSON

Name of Contact Person

at (561) 296-5444

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: FLAGLER POINTE CONDOMINIUM ASSOCIATION OF WPB, INC.
2. The principal office address: 1801 N. FLAGLER DRIVE, WEST PALM BEACH, FL 33407
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 5/8/2003 Document number: N03000003938
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)

CAROLE ARONSON

1500 GATEWAY BLVD., SUITE 220

BOYNTON BEACH, FL 33426

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

SKRLD, INC.

201 ALHAMBRA CIRCLE, 11TH FLOOR

P.O. Box NOT acceptable

CORAL GABLES, FL 33134

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.

Carole A. Meade
Signature of an officer or director

CAROLE A MEADE/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.

Shane Allonger
Signature of Registered Agent

5/8/2024
Date

If signing on behalf of an entity:

SKRLD, INC.

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)