

ND3000008844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

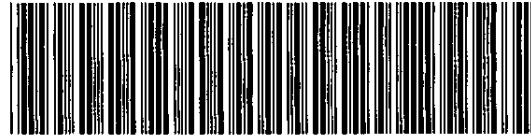
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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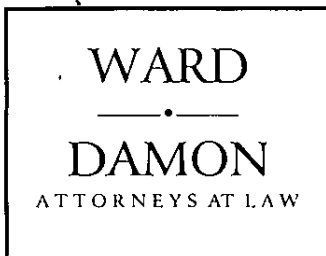


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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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R/A/RD/chs
@ 8/15/12



4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407
Tel: (561) 842-3000
Direct Dial: (561) 594-1452
Fax: (561) 842-3626
www.warddamon.com

*Michael J Posner, Esquire
Board Certified Real Estate Attorney
mjposner@warddamon.com*

August 7, 2012

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL32314

Re: Esplanade Grande Condominium Association

Dear Sir/Madam

Enclosed for filing please find a Statement of Change of Registered Resident Agent for the above referenced entity together with our check in the sum of \$35.00 representing the fee for same. Please date stamp the enclosed copy of same, showing receipt of same, and return it in the self addressed stamped envelope.

Thank you for your assistance in this matter and if you have any questions, please feel free contact me.

Very truly yours,

Christina Zingman
Legal Assistant to
Michael J Posner
For the Firm

/cz
Encls.

**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: Esplanade Grande Condominium Assoc. Inc.
2. The principal office address: 201 S. Narcissus Ave
West Palm Beach, FL 33401
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/10/2003 Document number: N03000008844

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)

David St. John, Esq.

1601 Forum Place Suite 701

West Palm Beach, FL 33401

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

Michael J. Posner

4420 Beacon Circle

P.O. Box NOT acceptable

West Palm Beach, FL 33407

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

KURT VON HOFMANN, 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

AUGUST 2, 2012

Date

If signing on behalf of an entity:

Michael J Posner

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)

12 AUG 15 PM 3:10
SECRETARY OF STATE
DIVISION OF CORPORATIONS