

U04000009469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

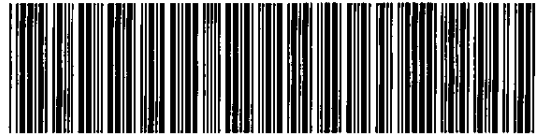
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800163019158

11/23/09--01047--024 **35.00

09 NOV 23 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

RR
11/11/09
K

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Waverly at Surfside Beach Condominium Association
Name of Corporation

DOCUMENT NUMBER: N04000009469

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:

Bridgette E. Bonet
Name of Contact Person

Association Law Group, PL
Firm/Company

1666 Kennedy Cswy, Ste. 305
Address

Miami, Florida 33141
City/State and Zip Code

bbonet@algpl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bridgette E. Bonet at (305) 938-6918
Name of Contact Person 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: The Waverly at Surfside Beach Condominium Association, Inc.

2. The principal office address: 9201 Collins Avenue, Surfside, Florida 33154

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/05/2004 Document number: N04000009469

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)

Waldorf Mgmt Group

9201 Collins Avenue

Surfside, Florida 33154

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

Associated Law Group, PL

1666 Kennedy Cswy, Ste. 305

P.O. Box NOT acceptable

Miami, Florida 33141

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]
Signature of an officer or director

DAWN PREV. 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]
Signature of Registered Agent

11/2/2009

Date

If signing on behalf of an entity:

Bridgette E. Bonet

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 (8/05)

APPROVED
AND
FILED
09 NOV 23 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA