

NO4000010368

(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



800434325358

08/08/24--01025--001 **35.00

FILED
JUL 17 2024
44917 5-1-24

28/06/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Newport Isles Property Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N04000010368

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:

Scott Hyman, Esq.

Name of Contact Person

Kopelowitz Ostrow, P.A.

Firm/Company

1 West Las Olas Blvd, Suite 500

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

hyman@kolawyers.com

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

For further information concerning this matter, please call:

Scott Hyman

Name of Contact Person

at (954) 525-4100
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: Newport Isles Property Owners Association, Inc.
2. The principal office address: 1111 SE Federal Hwy, Suite 100, Stuart, FL 34994
3. The mailing address (if different): 1111 SE Federal Hwy, Suite 100, Stuart, FL 34994
4. Date of incorporation/qualification: 11/03/2004 Document number: N04000010368
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)

Jacob ENSOR, Esq.

819 SW Federal Hwy, Suite 302

Stuart, FL 34994

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

Scott Hyman, Esq. - Kopelowitz Ostrow, P.A.

1 West Las Olas Blvd, Suite 500

P.O. Box NOT acceptable

Fort Lauderdale, FL 33301

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.

Kinetha
Signature of an officer or director

VINELLA CLARK VP 7.25.24
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

July 25, 2025

Date _____

If signing on behalf of an entity:

Typed or Printed Name

★ ★ ★ FILING FEE: \$35.00 ★ ★ ★

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE