

N05 00000 2930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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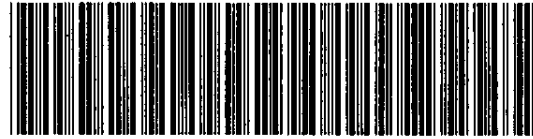
(Business Entity Name)

(Document Number)

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14 AUG -7 AM 9:20
TALLAHASSEE, FL 32304

AUG 18 2014

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2014

KATZMAN GARFINKEL
5297 WEST COPANS ROAD
MARGATE, FL 33063

SUBJECT: THE YACHT CLUB ON THE INTRACOASTAL CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N05000002930

We have received your document for THE YACHT CLUB ON THE
INTRACOASTAL CONDOMINIUM ASSOCIATION, INC. and your check(s)
totaling \$35.00. However, the enclosed document has not been filed and is being
returned for the following correction(s):

REGISTERED AGENT SIGNATURE IS REQUIRED.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 514A00016786

**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 0
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. 7 AM 8:20

1. The name of the corporation: The Yacht Club on the Intracoastal Condominium Association
2. The principal office address: 177 Yacht Club Way
Hypoluxo, FL 33462
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 11/16/2009 Document number: N05000002930
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)

Steven Jay Levine

2500 North Military Trail, Suite 283

Boca Raton, FL 33431

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

KATZMAN GARFINKEL

5297 WEST COPANS ROAD

P.O. Box NOT acceptable

MARGATE, FLORIDA 33063

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

JAMES CAPOMANO / 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

8/12/14
Date

If signing on behalf of an entity:

LEIGH C. KATZMAN, ESQ.

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