

NOS 000005787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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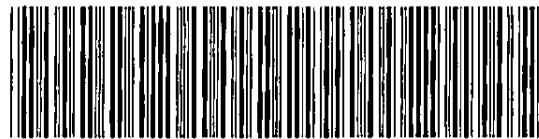
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♦ BOARD CERTIFIED SPECIALIST  
IN CONSTRUCTION LAW

September 4, 2024

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Slade Condominium Association, Inc.**

Dear Sir/Madam

Enclosed please find a Cover Letter and Statement of Change of Registered Agent form regarding Slade Condominium Association, Inc. (Document No.: N05000005787). Also enclosed is a check in the amount of \$35.00 to cover the cost of filing the registered agent change with the Division.

If you have any questions, please do not hesitate to contact the undersigned.

Warmest Personal Regards,

KAYE BENDER REMBAUM, P.L.

  
Jeffrey A. Rembaum, Esq.  
For the Firm

JAR/tr  
Enclosures

**BROWARD COUNTY:**  
1200 PARK CENTRAL BLVD, SOUTH  
POMPANO BEACH, FL 33064  
TEL 954.928.0680 FAX 954.772.0319

**SEMINOLE COUNTY:**  
855 E. SR 434, SUITE 2209  
WINTER SPRINGS, FL 32708  
TEL 321.430.7565

**HILLSBOROUGH COUNTY:**  
1211 N. WESTSHORE BLVD, SUITE 409  
TAMPA, FL 33607  
TEL 813.375.0731 FAX 813.252.3057

*(Additional Office in Miami-Dade County, by Appointment Only)*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SLADE CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N05000005787

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:

CLIFFORD PAULENKA, LCAM

Name of Contact Person

FIRSTSERVICE RESIDENTIAL

Firm/Company

1551 N. FLAGER DRIVE, SUITE 101

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

Clifford.Paulenka@fsresidential.com

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

For further information concerning this matter, please call:

CLIFFORD PAULENKA

Name of Contact Person

at ( 561 )

653-8230 Ext 2004

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: SLADE CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 1551 N. FLAGLER DRIVE, SUITE 101  
WEST PALM BEACH, FLORIDA 33401
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/3/2005 Document number: N05000005787
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)

BRATEN, STEVEN

1700 PALM BEACH LAKES BLVD., SUITE 600

WEST PALM BEACH, FL 33401

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

KAYE BENDER REMBAUM, P.L.

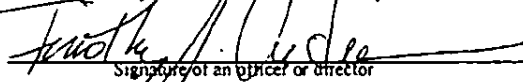
1200 PARK CENTRAL BLVD., SOUTH

P.O. Box NOT acceptable

POMPANO BEACH, FL 33064

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

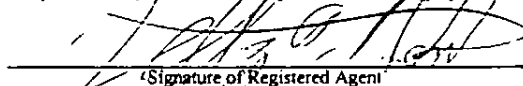
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

TIMOTHY ANDERSON, 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

9/4/24

Date

If signing on behalf of an entity:

Jeffrey A. Rembaum  
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)