

NO6000000201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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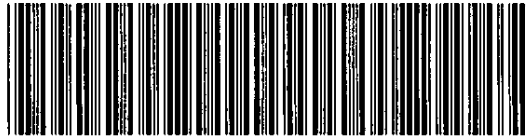
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
STATE

AUG 13 2015
A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bermuda Cay Condominium Associates, Inc.
Name of Corporation

DOCUMENT NUMBER: 106000000201

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:

DANIEL BARR
Name of Contact Person

Waypoint Residence Management Service
Firm/Company

7284 West Palm Beach PARK ROAD, Suite 201
Address

Boca Raton, FL 33433
City/State and Zip Code

DANIEL@WAYPOINTFL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL BARR at (561) 284-8724
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 N.J. in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Berman Corp. Controlling Associates, Inc.
2. The principal office address: 661 First W. 15th St. - 11th floor
Boca Raton FL 33435
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/3/2006 Document number: N0600000201

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)

Associated Corporate Services, LLC
6111 Bunker Sound Pkwy, NW, Suite 200
Boca Raton, FL 33487

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

Wynport Residential Management Services
7284 West Palmetto Park Road, Suite 201
Boca Raton, FL 33434
P.O. Box NOT acceptable

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

H. L. [Signature]
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

7/6/15
Date

If signing on behalf of an entity:

DARREN GANZ
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)

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: BURNHAM CAY CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 661 FIRST WASHINGTON ROAD - CLUBHOUSE
BONITA BEACH FL 33435

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/3/2006 Document number: NC6000000201

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)

ASSOCIATED CORPORATE SERVICES, LLC
6111 BROOKER SOUND PKWY, NW, SUITE 200
BONITA RANCH, FL 33487

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

WAYPOINT RESIDENTIAL MANAGEMENT SERVICES
7284 WEST PALMETTO PARK ROAD, SUITE 200
BONITA RANCH, FL 33434
P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

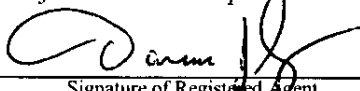
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

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

7/6/15
Date

If signing on behalf of an entity:

DARREN GANZ
Typed or Printed Name

*** FILING FEE: \$35.00 ***