## NO7000002755

(Re	equestor's Name)	
(Ad	ldress)	······································
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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RA. Charge C.COULLIETTE

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**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** SUBJECT: Harborage Yacht Two Condominium Association, Inc. Name of Corporation N07000002755 DOCUMENT NUMBER:\_ 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: Deborah Ross, Esquire Name of Contact Person Ross Earle & Bonan, P.A. Firm/Company 789 S Federal Highway Suite 101 Address Stuart, FL 34994 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 772 ) 287-1745 Area Code & Daytime Telephone Number Deborah Ross Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address:

Amendment Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Harborage Yacht Two Condominium Association, Inc.
2. The principal	office address: 415 NW Flagler Ave, Suite 301, Stuart, FL 34994
3. The mailing a	ddress (if different): same as above
4. Date of incorp	poration/qualification: 3/15/2007 Document number: N07000002755
,	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Raphael, Lindsay E
	110 SE 6th Street, 15th Floor
	Fort Lauderdale, FL 33301
6. The name and (if changed):	Fort Lauderdale, FL 33301  Street address of the new registered agent (if changed) and /or registered office  Deborah Ross, Esquire  789 S Federal Highway, Suite 101
	Deborah Ross, Esquire
	P.O. Box NOT acceptable
	Stuart, FL 34994
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
S	President
	re of an officer or director Printed or typed name and title
I hereby accept I further agree to of my duties, an document is being corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
	S 12/13/10
	nature of Registered Agent Date
It signing on be	half of an entity:
T	yped or Printed Name

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