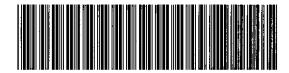
N07000003717

	(Re	questor's Name)	j
<i>j</i> :	(Ad	dress)	<u> </u>
* .	(Ad-	dress)	
<u>*</u>	/Cit.	y/State/Zip/Phon	- 4A
_	(City	y/State/Zip/Pnon	e # <i>)</i>
PICK-	UP	☐ WAIT	MAIL
रीका जिल्ला	(Bu:	siness Entity Na	me)
	(124)	omeoo Emily Ha	
	(Do	cument Number)
Certified Copies		_ Certificate	s of Status
Special Instructio	ns to l	Filing Officer:	
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SECRETARY OF STATE

B.A.

Brawn 9-14-1

COVER LETTER

Name of Corporation	
N07000003717	7
f Registered Office/Agent and fe	e are submitted for filing.
cerning this matter to the followi	ng:
Deborah Ross, Esquire	
Name of Contact Person	
Ross Earle & Bonan, P.A	١٠.
Firm/Company	
9 S Federal Highway, Suite	e 101
Addiess	
Stuart, FL 34995 City/State and Zip Code	
·	
(to be used for future annual	report notification)
his matter, please call:	
772	287-1745 ode & Daytime Telephone Number
	N0700003717 f Registered Office/Agent and fectoring this matter to the following Deborah Ross, Esquire Name of Contact Person Ross Earle & Bonan, P.A. Firm/Company 9 S Federal Highway, Suite Address Stuart, FL 34995 City/State and Zip Code (to be used for future annual this matter, please call:

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

	t to the provisions of sections 60				
	nt of change is submitted for a co				
	in order to change its registere	a office or registered	i ageni, or boin, in the Sic	не ој в юнаа.	
1. The na	ame of the corporation: Harbo	orage Yacht F	our Condominium	Association, Inc.	
2. The pr	rincipal office address: 415 N	W Flagler Ave, S	uite 301		
ũ	art, FL 34994		,		
3. The m	nailing address (if different):_Sa	me as above			
4	3 · · · · · · · · · · · · · · · · · · ·				
4. Date o	of incorporation/qualification:	04/11/2007	Document number:	N07000003717	
5. The na	ame and street address of the cu	rrent registered agen	t and registered office on	file with the	
	a Department of State: (If resign	0 0			
	Deborah Ross				
	759 S Federal Hig	hway, Suite 212		~ 2	
	Stuart, FL 34994			2011 SEP	
				—— AR PP	Ì
்டி. The na	ame and street address of the ne	w registered agent (i	f changed) and /or registe	ered offices 7	-
(II Clia	inged):				7
	Ross Earle & Bon	an, P.A.			,,
	789 S Federal Hig	hway, Suite 101		RE 21	
		P.O. Box NOT acc	ceptable	***	
gravitaje Administra	Stuart, FL 34994				
The stre	et address of its registered offi ged will be identical.	ce and the street add	dress of the business offi	ce of its registered agent,	
Such cha authoriz	ange was authorized by resolu ed by the board, or the corpora	tion duly adopted by ation has been notifi	y its board of directors o ed in writing of the chan	r by an officer so	
Ker	Signature of an office of director		KENNETH Printed or typed na	JOFFMAN	
I hereby	accept the appointment as rec	gistered agent and a	oree to act in this canac	ity	
I further of my du	agree to comply with the prov uties, and I am familiar with ar nt is being filed merely to refle tion has been notified in writin	visions of all statute. Id accept the obliga	s relative to the proper a tion of my position as re	md complete performance gistered agent. Or, if this	
- d ocumer Corporal	nt is being filed merely to refle tion has been notified in writin	ct a change in the ro ng of this change.	egistered office address, ,	Thereby confirm that the	
		_	9/1/11		
	Signature of Registered Agent		Date		
lfsignin	g on behalf of an entity:				
	orah L. Ross	S			
	Typed or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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