

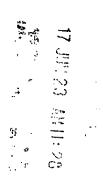
equestor's Name)				
ldress)				
ldress)				
ty/State/Zip/Phone	e #)			
WAIT	MAIL			
isiness Entity Nan	ne)			
(Document Number)				
_ Certificates	of Status			
Special Instructions to Filing Officer:				
	dress)  cy/State/Zip/Phone WAIT  siness Entity Nan comment Number) Certificates			

Office Use Only



000300268920

06/23/17--01016--013 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations

VISTA LAGO OF PALM BEACH COUNTY HOMEOWNERS' ASSOCIATION; INC.

SUBJECT:

Name of Corporation

DOCUMENT NUMBER, N1200004551

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 WASSERSTEIN

Name of Contact Person

WASSERSTEIN, P.A.

Firm/Company

301 YAMATO ROAD, SUITE 2199

Address

**BOCA RATON, FL 33431** 

City/State and Zip Code

danw@wassersteinpa.com

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

For further information concerning this matter, please call:

DANIEL WASSERSTEIN

.561

288-3999

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

statement of cha	mge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Ston organized under the laws of the State of $\frac{F!}{t}$ or registered agent, or both, in the State of Fl	LORIDA
1. The name of	the corporation: VISTA LAGO O	F PALM BEACH COUNTY HOMEOWNERS	ASSOCIATION, INC
	office address: c/o Property , Fort Lauderdale, FL 33	Keepers Management, 1350 NE 3334	56th Street,
3. The mailing a	address (if different): n/a		·
4. Date of incorp	poration/qualification: 5/3/20	Document number: N12000	0004551
	d street address of the current reg runent of State: (If resigned, ente	ristered agent and registered office on file wit er resigned)	h the
	Law Office of Steven B	3. Katz, P.A.	
	4300 N. University Driv	/e, A-106	
	Lauderhill, FL 33351		
6. The name and (if changed):	d street address of the new regist	ered agent (if changed) and /or registered offi	ice ?
	WASSERSTEIN, P.A.		7 6 (1.2)
	301 YAMATO ROAD,	SUITE 2199	
	BOCA RATON, FL 334	D. Box: NOT acceptable	
The street addr	ess of its registered office and the identical.	he street address of the business office of its	registered agent,
	<i>H</i>	adopted by its board of directors or by an obeen notified in writing of the change.	
Keil	ure of an officer or director	Keith Kolonichak	President
I further agree performance of agent—Or. if th	to comply with the provisions of my duties, and I am familiar w his document is being filed mere	agent and agree to act in this capacity. fall statutes relative to the proper and com ith and accept the obligation of my position ly to reflect a change in the registered office notified in writing of this change.	as registerea
	gnature of Registered Agent	6-16-17	
	ehalf of an entity:		
DANIEL W	ASSERSTEIN		
	Typed or Printed Name	<del></del>	

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

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

CR2E045 (03/12)