

N13000002399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

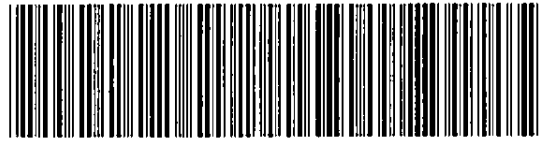
(Business Entity Name)

(Document Number)

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2024 MAY 23 PM 4:07
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOSCANA ISLES MASTER PROPERTY OWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N13000002399

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

Name of Contact Person

at (**561**) **288-3999**

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 FLORIDA _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TOSCANA ISLES MASTER PROPERTY OWNERS ASSOCIATION, INC.
2. The principal office address: 500 S. AUSTRALIAN AVENUE, SUITE 700,
WEST PALM BEACH, FL 33401
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 3/12/2013 Document number: N13000002399

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)

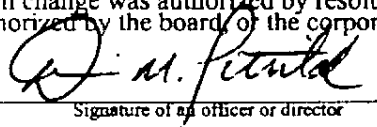
SPENCER SAX, SACHS, SAX & CAPLAN
611 BROKEN SOUND PKWY NW, SUITE 200
BOCA RATON, FL 33487

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

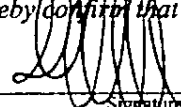
WASSERSTEIN, P.A.
301 YAMATO ROAD, SUITE 2199
P.O. Box NOT acceptable
BOCA RATON, FL 33431

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, of the corporation has been notified in writing of the change.

 5/13/24 DENIS M. PETRILAK, PRESIDENT,
Signature of an officer or director Printed or typed name and title
Toscana Isles POA

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

5/14/24
Date

If signing on behalf of an entity:

DANIEL WASSERSTEIN
Typed or Printed Name

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