

N140000000 645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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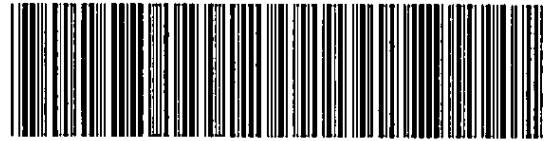
(Business Entity Name)

(Document Number)

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FILED  
2019 MAY -6 PM 12:42  
MICHIGAN STATE COURT

MAY 16 2019  
T. LEMUEUX

# SIEGFRIED RIVERA

Laura M. Manning-Hudson  
lmanning@siegfriedrivera.com

April ~~30~~, 2019

**Sent Via U.S. Mail**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Water Club North Palm Beach Condominium Association, Inc. ("Association")

Dear Sir/Madam:

Enclosed please find the "Statement of Change of Registered Office or Registered Agent or Both for Corporations" for the above-referenced Association, along with the Association's check number 00833 in the amount of \$35.00 for the filing of same.

If you have any questions or require further documentation, please contact the undersigned.

Very truly yours,

SIEGFRIED RIVERA



Laura M. Manning-Hudson, Esq.

LMH/kmr  
Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WATER CLUB NORTH PALM BEACH CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N14000000645

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:

**John Vitale, Property Manager**

Name of Contact Person

**FirstService Residential**

Firm/Company

**2 Water Club Way**

Address

**North Palm Beach, FL 33408**

City/State and Zip Code

**PM@waterclubnpb.net**

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

For further information concerning this matter, please call:

**John Vitale, Manager**

Name of Contact Person

at ( **561** ) **612-2633**

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: WATER CLUB NORTH PALM BEACH CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 2 Water Club Way, North Palm Beach, FL 33408

3. The mailing address (if different): 2 Water Club Way, Attn: Management Office, North Palm Beach, FL 33408

4. Date of incorporation/qualification: 1/23/2014 Document number: N14000000645

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)

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301-2525

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

SKRLD, INC.


201 Alhambra Circle, 11th Floor

P.O. Box NOT acceptable

Coral Gables, FL 33134

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

Chris Froggatt President

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

4-30-19

Date

If signing on behalf of an entity:

Helio De La Torre

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)