

# N15132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

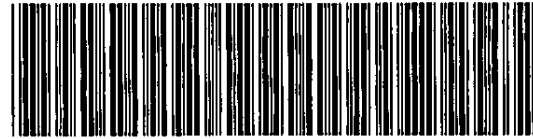
(Business Entity Name)

(Document Number)

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I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: VIA ROMA CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

DOCUMENT NUMBER: N15132

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:

STUART DOPPELT  
Name of Contact Person

H.T. STUART  
Firm/Company

329 WORTH AVE.  
Address

PALM BEACH, FL. 33480  
City/State and Zip Code

HTS44 @ BELL South. NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STUART DOPPELT at (561) 838-1855  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 4, 2017

STUART DOPPELT  
329 WORTH AVE  
PALM BEACH, FL 33480

SUBJECT: VIA ROMA CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N15132

We have received your document for VIA ROMA CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the current register agent and the new registered agent in the spaces provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 817A00000152

RECEIVED  
17 JAN 13 PM 4:39  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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: VIA ROMA CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 329 WORTH AVE. # 2  
PALM BEACH, FL
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/28/1986 Document number: N15132

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)

KIYOKAWA, PETER 329 WORTH AVE #3 (RESIGNED)  
PALM BEACH, FL. 33480

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

STUART DOPPELT 329 WORTH AVE # 2  
PALM BEACH, FL. 33480  
P.O. Box NOT acceptable

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]  
Signature of an officer or director

STUART DOPPELT, 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]  
Signature of Registered Agent

12/26/16  
Date

If signing on behalf of an entity:

STUART DOPPELT  
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 (02/13)