N27972,

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	١
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R.A. Charge C.COULLIETTE

MAY 13 2011

EXAMINER

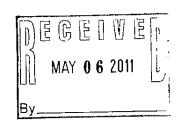
COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Waterway Cove at	Wellington Hon	neowners Ass	ociatic
	Name of Corporat	ion	_ _
DOCUMENT NUMBER:	N279	72	·
The enclosed Statement of Change of R	egistered Office/Agen	t and fee are submit	ted for filing.
Please return all correspondence concern	ning this matter to the	following:	
	Jan Baker		
	Name of Contact Pe	erson	
Т	he Continental Gro	oup, Inc.	
,	Firm/Company		······································
34	61-B Fairlane Fam	ns Road	
	Address	NO TROCK	 -
			•
	Wellington, FL 3 City/State and Zip C	3414 Code	
ibaker	thecontinentalgro	oupinc.com	
	be used for future as		cation)
		•	,
For further information concerning this t	natter, piease call:		
Jen Baker	at (561	795-7767 ne Telephone Number
Name of Contact Person	Ā	arca Code & Daytin	ie Telephone Number
Enclosed is a \$35.00 check made payable	e to the Department of	State.	
<u>Mailing Addres</u> Amendment Se	<u>etion</u>	Street Address: Amendment Sec	etion
Division of Co.	rporations	Division of Cor	porations
P.O. Box 6327		Clifton Building	
Tallahassee, Fl	. 32314	2661 Executive Tallahassee, FL	

CR2E045 (8/05)





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2011

JAN BAKER THE CONTINENTAL GROUP, INC. 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414

SUBJECT: WATERWAY COVE OF WELLINGTON HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N27972

We have received your document for WATERWAY COVE OF WELLINGTON HOMEOWNERS ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 211A00010796

RECEIVED

11 MAY 12 AM 8: 45

SECRETARY OF STATE
ATTAMASSEE, FLORIDA

www.sunbiz.org

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\overline{f E}$ are to change its registered office or registered agent, or both, in the State of Flu	lorida	
1. The name of	the corporation: Waterway Cove at Wellington Homeowner	s Association, I	ու
2. The principal	office address: 3461-B Fairlane Farms Road	· · · · · · · · · · · · · · · · · · ·	
Wellingtor	n, FL 33414		_
3. The mailing a	address (if different):		_
4. Date of incor	poration/qualification: October 28, 1988 Document number:	N27972	_
	d street address of the current registered agent and registered office on file with attment of State: (If resigned, enter resigned)	the	
	Patricia Hartley, Esq.		
	860 US Hwy 1 Suite 108		
	North Palm Beach, FL 33408		
6. The name and (if changed):	i street address of the new registered agent (if changed) and /or registered offic	e	
	Patricia Hartley	E m	
	800 Village Square Crossing Suite 222		
	P.O. Box NOT acceptable	1458 1458	-
	Palm Beach Gardens, FL 33410	A PAR	ָרָרָ <u>הַ</u>
as changed will	ess of its registered office and the street address of the business office of its be identical.	registered agent, 🗴	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	fficer so \overrightarrow{D}	
Signatur	w I but Sarra Routon Printed or typed name and fille	DIRECTOR	
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comp of I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	lete performance agent. Or, if this confirm that the	
Paris Sign	is L. Martly May 9 20	11	
	half of an entity:		
T ₃	ped or Printed Name		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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