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LAW OFFICES

St. JOHN, DICKER, CAPLAN, KRIVOK & CORE, P.A. SUITE 600 500 AUSTRALIAN AVENUE SOUTH WEST PALM BEACH, FLORIDA 33401 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) ☐ Certified Copy Pick up time ☐ Walk in

Certificate of Status Photocopy Will wait Mail out 12/23/99--01074--018 *****35.00 *****35.00 <u>AMENDMENTS</u> **NEW FILINGS** Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS ☐ Foreign Annual Report

☐ Limited Partnership

Reinstatement
Trademark

Other

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Examiner's Initials

☐ Fictitious Name

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is:

Waters Edge at Lake Charleston Association, Inc.

1a. Date of incorporation:

March 25, 1992

Document number:

N48043

FEI#: 65-0337981

2. The name and address of the present registered agent and office:

Donald V. Erger 7424 Rockbridge Circle Lake Worth, Florida 33467

3. The name and address of the successor registered agent and office:

Scott A. Stoloff, Esquire ST. JOHN, DICKER, CAPLAN, KRIVOK & CORE, P.A. 500 Australian Avenue South, Suite 600 West Palm Beach, Florida 33401

The address of its registered agent and the 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.

SIGNATURE Man Tollrek (President)

(President or Vice President)

DATE DECEmber 16, 1999

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

Registered Agent)

DATE December 17,1999

FILING FEE: \$35.00

DIVISION OF CORPORATIONS - P.O. BOX 6327 - TALLAHASSEE, FL 32314

WATERSED.RES