N93000001710

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DIVISION OF CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Watersedge at the Lakes	s of Delray Condo K Assn Inc						
Name of Corporation							
DOCUMENT NUMBER:	N93000001710						
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, ESQ.							
Name	of Contact Person						
WASSERSTEIN, P.A.							
Firm/Company							
6501 CONGRESS AVENUE, SUITE 100							
Address							
BOCA RATON, FL 33487							
BOCA RATON, FL 33487 City/State and Zip Code							
danw@w	vassersteinna com						
danw@wassersteinpa.com E-mail address: (to be used for future annual report notification)							
	·						
For further information concerning this matter, please call:							
-							
DANIEL WASSERSTEIN	at (561) 288-3999 Area Code & Daytime Telephone Number						
Name of Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address	Ctmost Address.						
Mailing Address: Amendment Section	Street Address: Amendment Section						
Division of Corporation							

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (8/05)

P.O. Box 6327

Tallahassec, FL 32314

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

	- "		607.1508, or 617.1508, Fl d under the laws of the Sta		
		-	d agent, or both, in the Sta	·	ssociation
			Lakes of Delray 6	ondo. K Ass'n, Ir	TC. INC.
2. The principal	office address: FIRSTS	SERVICE RESI	DENTIAL, 6300 PAR	K OF COMMERCE	BLVD
BOCA RA	TON, FL 33487				
3. The mailing a	address (if different): N//	4			
4. Date of incor	poration/qualification:	4/16/1993	Document number:	N93000001710	
	d street address of the cur rtment of State: (If resign		nt and registered office on	file with the	
	HARTLEY & MOR	TON ATTORNE	YS AT LAW		
	800 VILLAGE SQL	JARE CROSSIN	NG, SUITE 222		DIVIS BSE
	PALM BEACH GA	RDENS, FL 334	110		SECRETARY NVISION OF CO
6. The name and (if changed):	d street address of the nev	v registered agent (i	if changed) and /or register	red office	プロン
	WASSERSTEIN, F	² .A.			STATE OF
	6501 CONGRESS	AVENUE, SUI	TE 100		2
		P.O Box NOT ac	ceptable		
	BOCA RATON, FL				
The street address changed will	ess of its registered office be identical.	e and the street add	dress of the business offic	e of its registered agent	g
Such change wauthorized by t	as authorized by resoluti he board, or shelgorgorat	on duly adopted by	y its board of directors or ed in writing of the chang	by an officer so	
- Gratu	Te of an officer or director	Ł.	Printed or typed nam	HORNIK PR	₹S
I hereby accept I further agree of my duties, an document is bet corporation ha	the appointment as regi	stered agent and a sions of all statute duccept the obliga t a change in the r t of this change.	gree to act in this capacity is relative to the proper at tion of my position as regegistered office address, in Date	fa:	re is e
If signing on be	chalf of an entity:				
	aniel Wasserstein yped 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 * * *