## N93 00000 3107

| (Req                      | uestor's Name)                        |               |
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| Certified Copies          | Certificates                          | of Status     |
|                           |                                       |               |
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| Special Instructions to F | iling Officer:                        |               |
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations FAIRWAY CLUB CONDOMINIUM D ASSOCIATION, INC. Name of Corporation N93000003107 DOCUMENT NUMBER: 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 Name of Contact Person WASSERSTEIN, P.A. Firm/Company 301 YAMATO ROAD, SUITE 2199 Address **BOCA RATON, FL 33431** City/State and Zip Code danw@wassersteinpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIEL WASSERSTEIN Name of Contact Person 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

| statement of cha                                      | nge is submitted for a corporation   | 7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA   | -           |
|---|--|--|-------------|
|   | 3 3 2  | registered agent, or both, in the State of Florida.  |             |
| 1. The name of t                                      | he corporation: FAIRWAY CL   | UB CONDOMINIUM D ASSOCIATION, I  | NC.         |
| 2. The principal                                      | office address: 4734 LUCERN  | NE LAKES BLVD, LAKE WORTH, FL 334  | 163         |
| <del></del>   |  |  |             |
| 3. The mailing a                                      | ddress (if different): 3900 WOC  | DDLAKE BLVD, #309, LAKE WORTH, FL  | 3340        |
| 4. Date of incorp                                     | poration/qualification: 7/12/199   | 3  |             |
|   | street address of the current registernent of State: (If resigned, enter n | ered agent and registered office on file with the esigned)   |             |
|   | SOL SKOLNIK  |  |             |
|   | 4734 LUCERNE LAKES   | BLVD, #104   | B           |
|   | LAKE WORTH, FL 3346  | 7  | 20          |
| 6. The name and (if changed):                         | l street address of the new registere                                      | ed agent (if changed) and /or registered office  | 1 0 5 C     |
|   | WASSERSTEIN, P.A.  | · · · · · · · · · · · · · · · · · · ·  |             |
|   | 301 YAMATO ROAD, SI  | JITE 2199  |             |
|   |  | ox NOT acceptable  |             |
|   | BOCA RATON, FL 3343  |  |             |
| The street address changed will                       | ess of its registered office and the be identical.                         | street address of the business office of its registered ag   | jent,       |
| Such change wa  | as authorized by resolution duly ache board, or the corporation has be     | dopted by its board of directors or by an officer so en notified in writing of the change.   |             |
| 12.   |  | SUL- SKOLNIK PESIDE Printed or typed name and title  | <u>e</u> N7 |
| l further agree<br>performance of<br>avent. Or. if th | to comply with the provisions of a<br>my duties, and I am familiar with    | ent and agree to act in this capacity.<br>Il statutes relative to the proper and complete<br>and accept the obligation of my position as registered<br>to reflect a change in the registered office address, I<br>ified in writing of this change. | ŗ           |
| WWW.  |  | 8/3/2021 Date  |             |
| If signing on he                                      | chalf of an entity:  | LAGUE  |             |
| • -   | ASSERSTEIN   |  |             |
|   | Viped or Printed Name  |  |             |

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