

N 940000006146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

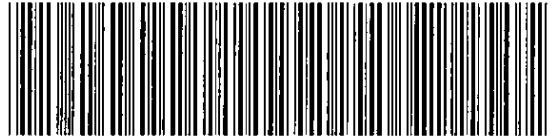
(Business Entity Name)

(Document Number)

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S. ROBERTS

JUL 24 2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ST. ANDREWS GRAND CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N9400006146

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:

HARLEY STORRINGS

Name of Contact Person

STORRINGS LAW

Firm/Company

3200 N. UNIVERSITY DRIVE, SUITE 203

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

HARLEY@STORRINGSLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARLEY STORRINGS

Name of Contact Person

at (954) 302-7148

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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

X in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ST. ANDREWS GRAND CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 12765 FOREST HILL DRIVE, SUITE 1320, WELLINGTON, FL

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/15/1994 Document number: N94000006146

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)

SACHS SAX CAPLAN

6111 BROKEN SOUND PARKWAY NW, SUITE 200

BOCA RATON, FL 33487

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

STORRINGS LAW

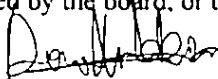
3200 N. UNIVERSITY DRIVE, SUITE 203

P.O. Box NOT acceptable

CORAL SPRINGS, FL 33065

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.

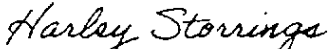


Signature of an officer or director

DAVID WAKININE

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 of Registered Agent

05/16/2023

Date

If signing on behalf of an entity:

HARLEY STORRINGS

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 (04/13)