

N9500000 4620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

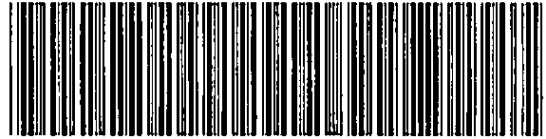
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harborside at Harbor Islands Associationl Inc.
Name of Corporation

DOCUMENT NUMBER: N95000004620

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:

Fran Madley

Name of Contact Person

Harborside at Harbor Islands Association, Inc.

Firm/Company

980 Harbor Islands Drive

Address

Hollywood, FL 33019

City/State and Zip Code

hipoa2@comcast.net

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

For further information concerning this matter, please call:

Fran Madley

Name of Contact Person

at (954) 454-1662

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2020

FRAN MADLEY
980 HARBOR ISLANDS DRIVE
HOLLYWOOD, FL 33019

SUBJECT: HARBORSIDE AT HARBOR ISLANDS ASSOCIATION, INC.
Ref. Number: N95000004620

We have received your document for HARBORSIDE AT HARBOR ISLANDS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Actual signatures are required for acceptance. ✓

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 320A00001801

REC'D
2020 FEB 10 12:11

Thank You!

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

1. The name of the corporation: Harborside at Harbor Islands Association, Inc.
2. The principal office address: 980 Harbor Islands Drive

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/28/1995 Document number: N95000004620

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)

Wasserstein P.A.

301 Yamata Road, Suite 2199

Boca Raton, FL 33431

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

South Florida Law PLLC/Burton Landau

1920 E. Hallandale Beach Blvd., Ste. 900

P.O. Box NOT acceptable

Hallandale, FL 33009

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

Elan Savir, President

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

12/17/19

Date

2/4/20

If signing on behalf of an entity:

SOUTH FLORIDA LAW, PLLC

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 (03/12)

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