



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Island Pointe at Bay Harbor Condominium Association, Inc.

Name of Corporation

**DOCUMENT NUMBER:** **N99000002722**

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:

**Jerry Bleiweiss**

Name of Contact Person

Island Pointe at Bay Harbor Condominium Association, Inc.

Firm/Company

**10350 W Bay Harbor Drive**

Address

**Bay Harbor Islands, FL 33154**

City/State and Zip Code

**islandpointemgr@apmanagement.net**

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

For further information concerning this matter, please call:

**Jerry Bleiweiss**

Name of Contact Person

**305 864-8296**

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

**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: Island Pointe at Bay Harbor Condominium Association, Inc.  
2. The principal office address: 10350 W Bay Harbor Drive, Bay Harbor Islands, FL 33154  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 05/04/99 Document number: N99000002722

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)

Siegfried Rivera, et al  
201 Alhambra Circle, 11th Floor  
Coral Gables, FL 33134

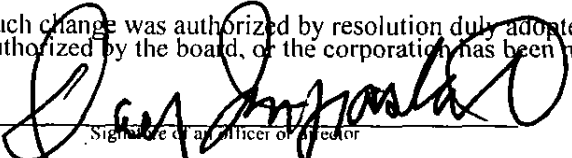
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gursky Ragan, P.A.  
14 NE 1st Avenue, Suite 703  
P.O. Box NOT acceptable  
Miami, FL 33132

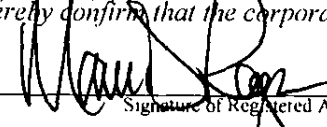
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

 DICK IMBRIATO, Treasurer  
Signature of an officer or director 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.*

 3/29/2017  
Signature of Registered Agent Date

If signing on behalf of an entity:

Marnie Dale Ragan  
Typed or Printed Name

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