

N99 000002722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

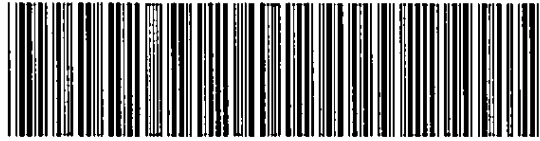
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2021 OCT -4 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

# 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:

Melissa Garcia

Name of Contact Person

Gursky Ragan, PA

Firm/Company

141 NE 3rd Ave, Fifth Floor

Address

Miami, FL 33132

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:

Melissa Garcia

Name of Contact Person

at

(786

) 369-8879

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 617.1509, 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.

2021 OCT -4 PM 2: 57

1. The name of the corporation: Island Pointe at Bay Harbor Condominium Association, Inc.

2. The principal office address: 10350 West Bay Harbor Drive, Bay Harbor Islands, FL 33154

SECRETARY OF STATE  
TALLAHASSEE, FL

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)

Jerry Bleiweiss  
\_\_\_\_\_  
10350 West Bay Harbor Drive  
\_\_\_\_\_  
Bay Harbor Islands, FL 33154  
\_\_\_\_\_

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

Gursky Ragan, PA  
\_\_\_\_\_  
141 NE 3rd Ave, Fifth Floor  
\_\_\_\_\_  
Miami, FL 33132  
\_\_\_\_\_

P.O. Box NOT acceptable

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] \_\_\_\_\_ EDWARD KAZANIAN, President  
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.

[Signature] \_\_\_\_\_ 9/28/21  
Signature of Registered Agent Date

If signing on behalf of an entity:  
Marnie Dale Ragan  
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)