## 710297

		•
(Re	equestor's Name)	
·		
(Ac	ldress)	
(A.	1-l)	·
(AC	ldress)	
(Ci	ty/State/Zip/Phon	2 #)
(0,	tyrotaterzipit tioni	o
PIÇK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
		, .
Special Instructions to	Filing Officer:	
		,



800184670788



08/25/10--01015--003 \*\*35.00



Office Use Only

\*00789,00624,00671

DR 9/10/10

## COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: TIARA EASTCONDOMINIUM, INC.  Name of Corporation						
DOCUMENT NUMBER: 710297						
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:						
DORIAN HERNANDEZ  Name of Contact Person						
TIARA EAST CONDOMINIUM Firm/Company						
1 mile Company						
333 NORTH OCEAN DRIVE, DEERFIELD BEACH, FL 33. Address						
DEEFIELD BEACH, FLORIDA 33441 City/State and Zip Code						
tiaraeastcondo@yahoo.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Dorian Hernandez at ( 954 ) 427-6776  Name of Contact Person Area Code & Daytime Telephone Number						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address: Street Address: Amendment Section Amendment Section						
Division of Corporations  Division of Corporations						
P.O. Box 6327 Clifton Building						
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301						



August 26, 2010

Dorian Hernandez Tiara East Condominium 333 North Ocean Drive Deerfield Beach, FL 33441

SUBJECT: TIARA EAST CONDOMINIUM, INC.

Ref. Number: 710297

We have received your document for TIARA EAST CONDOMINIUM, 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):

The document must have original signatures.

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) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 210A00020539



Original attached

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

			607.1508, or 617.1508, Flo ed under the laws of the Sta	
			ed agent, or both, in the Sta	
1. The name of t	he corporation: Tiara	East Condon	ninium, Inc.	
2. The principal	office address: 333 No	rth Ocean Driv	e, Deerfield Beach, Fl	33441
<del></del>				
3. The mailing a	ddress (if different): SA	ME		
4. Date of incorp	poration/qualification:	2/3/66	Document number:	710297
5. The name and	-	rent registered age	nt and registered office on :	
	THE CONTINENT	AL GROUP		Taga iyo sabar isa sarr
	2950 NORTH 28T	H TERRACE		78 SE
	HOLLYWOOD, FL	ORIDA 33020		SECRET SECRET
6. The name and (if changed):	d street address of the ne	w registered agent	(if changed) and /or registe	red office.
	THE BOGEN LAW	/ GROUP		——————————————————————————————————————
	1900 GLADES RC	AD SUITE 354	1	167. 55 
	DOCA DATON SI	P.O. Box NOT	acceptable	
	BOCA RATON, FL			<del></del>
The street addr as changed wil	ess of its registered office identical.	ce and the street a	ddress of the business offi	ce of its registered agent,
Such change w authorized by t	as pathorized by resoluthe board, or the corpora	tion duly adopted ition has been noti	by its board of directors of fied in writing of the chan	r by an officer so age.
1 Vignati	ure of smallicer or director	4	MICHAEL S. TIERN	IEY (PRESIDENT)
I further agree of my duties, a document is be	t the appointment as reg to comply with the prov nd I am familiar with ar ing filed merely to refle as been notified in writin	visions of all statu nd accept the oblig ct a change in the	agree to act in this capac tes relative to the proper a gation of my position as re registered office address,	ity. ind complete performance gistered agent. Or, if this I hereby confirm that the
Mark	gnature of Registered Agent		8/6/2 Date	010
If signing on b	ehalf of an entity:			
MARK	BOGEN			
<u> </u>	Typed or Printed Name			

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