

719519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

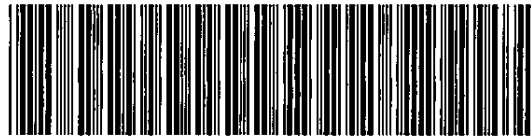
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6/22/07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Residential Condominium Owners Association  
(Name of Corporation)

**DOCUMENT NUMBER:** 719519

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:

Joseph A. Aguirre  
(Name of Contact Person)

Residential Condominium Owners Assoc.  
(Firm/Company)

401 Ocean Drive Suite 200  
(Address)

Miami Beach, FL 33139.  
(City/State and Zip Code)

For further information concerning this matter, please call:

Monica Sosa at (305) 673-4965  
(Name of Contact Person) (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

June 14, 2007

JOSEPH A AGUIRRE  
401 OCEAN DR STE 200  
MIAMI BEACH, FL 33139

SUBJECT: PRESIDENTIAL CONDOMINIUM OWNERS ASSOCIATION  
Ref. Number: 719519

We have received your document for PRESIDENTIAL CONDOMINIUM OWNERS ASSOCIATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Florida corporation not an Alien Business the document you sent in to change the registered agent is not correct. I am sending you the correct documents to file.

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) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 607A00040061

RECEIVED

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DIVISION OF CORPORATIONS

**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: Presidential Condominium Owners Assoc.  
2. The principal office address: 401 Ocean Drive Suite 200  
Miami Beach, FL 33139

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

4. Date of incorporation/qualification: Oct 15 1970 Document number: 719519

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Matthew K. Cordis  
401 Ocean Drive Apt. #1023  
Miami Beach, FL 33139

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

Joseph A. Aguirre  
401 Ocean Drive #805  
(P.O. Box NOT acceptable)  
Miami Beach, FL 33139

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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.

Maria Farmiga  
(Signature of an officer or director)

Maria Farmiga, 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]  
(Signature of Registered Agent)

06/19/07  
(Date)

If signing on behalf of an entity:

\* Joseph Aguirre  
(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