



## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SILVER GARDENS CONDOMINIUM ASSOCIATION, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N97000000420

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:

PABLO PEREZ  
(Name of Contact Person)

FLORIDA PROPERTY MANAGEMENT  
(Firm/Company)

5979 NW 151 STREET, SUITE 101  
(Address)

MIAMI LAKES, FL 33014  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELICA YOUNG at ( 305 ) 663-1234  
(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

October 13, 2008

Pablo Perez  
Florida Property Management  
5979 NW 151 Street, Suite 101  
Miami Lakes, FL 33014

SUBJECT: SILVER GARDENS CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N97000000420

We have received your document for SILVER GARDENS CONDOMINIUM 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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: 308A00053535

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2008 OCT 30 AM 8:00

**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: SILVER GARDENS CONDOMINIUM ASSOCIATION, INC

2. The principal office address: 5979 NW 151 STREET, SUITE 101, MIAMI LAKES, FL 33014

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

4. Date of incorporation/qualification: 9/28/05 Document number: N97000000420

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

Raba & Associates, P.A.  
1840 W. 49 Street, Ste 235  
Hialeah, FL 33012

FILED  
2008 OCT 30 PM 1:07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

ANGELICA YOUNG, ESQ  
5901 SW 74 STREET, # 300  
(P.O. Box NOT acceptable)  
MIAMI, FLORIDA 33143

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]  
(Signature of an officer or director)

Gerardo Pedroya  
(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)

8/27/08  
(Date)

If signing on behalf of an entity:

ANGELICA YOUNG, ESQUIRE  
(Typed or Printed Name)

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