(Re	questor's Name)		_
(Ad	dress)		-
(Ad	dress)		-
(Cit	y/State/Zip/Phone	e #)	_
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nam	ne)	-
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·	_
Certified Copies	_ Certificates	of Status	-
Special Instructions to	Filing Officer:	· .	

Office Use Only

8:2409



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08/11/09--01017--004 **35.00

COVER LETTER

Division of Corporations
SUBJECT: Green Hills Park West Condo MINIUM Association, Inc &1 Name of Corporation
DOCUMENT NUMBER: 714321.
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:
Mrs Ketty Urbay. Name of Contact Person
Clear Sky Property Management
2423 le Jeune Road. Address
Coral Gables, Fl 33134 City/State and Zip Code
E-mail address: (to be used for foliure annual report notification)
For further information concerning this matter, please call:
Mrs Ketty Vrbay. at 786, 236-8527 Name of Contact Person at Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2009

MRS. KETTY URBAY CLEAR SKY PROPERTY MANAGEMENT 2423 LEJEUNE ROAD CORAL GABLES, FL 33134

SUBJECT: GREEN HILLS PARK WEST NO. 1, INC.

Ref. Number: 714321

We have received your document for GREEN HILLS PARK WEST NO. 1, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 709A00027807

PRECEIVER

1009 AUG 24 AM 8: 00

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	nge is submitted for a corporation organized under the laws of the State of Hortland
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Green Hills Park West NO. 1, Inc.
2. The principal	office address: 17090 SW 112CT-
	Miami, Fl 33157
3. The mailing a	ddress (if different):
	7.01.371
4. Date of incorp	poration/qualification: 11 23 1971 Document number: 71432
	I street address of the current registered agent and registered office on file with high timent of State: (If resigned, enter resigned) Carlos Triay.
	Carlos Triay.
	2301 NW 87 Avenue \$ 501 55 3
6. The name and st	2301 NW 87 Avenue \$ 501 PS = 1
	I street address of the new registered agent (if changed) and /or registered office
(if changed):	
	Clear Sky Property Management
	2423 le Jeune Road.
	P.O. Box NOT acceptable
	<u>Coral Gables</u> F1 23139
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
X12	Stephen (Dinters Wosident
Signatur	e of an officer or director Printed or typed name and title
I hereby accept I further agree i	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance
of my auties, an document is bei	the appointment as registered agein and agree to act it and capacity. The complete performance to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this and it is marked to reflect a change in the registered office address, I hereby confirm that the specified in writing of this change.
	8/1/2
No.	nature of Registered Agent Date
If signing on be	half of an entity:
Kett	y Urbay, Property 1 anager
T	ypol pr 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