

718183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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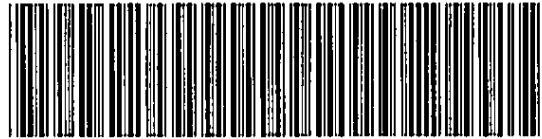
(Business Entity Name)

(Document Number)

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A. BUTLER  
AUG 18 2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CASA DEL MAR CONDOMINIUM ASSOCIATION, INC  
Name of Corporation

**DOCUMENT NUMBER:** 718183

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:

IOSVANY ACOSTA

Name of Contact Person

CASA DEL MAR CONDOMINIUM

Firm/Company

881 OCEAN DRIVE, MANAGEMENT OFFICE

Address

KEY BISCAYNE, FL 33149

City/State and Zip Code

manager@casadelmarkb.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANA GARMENDIA

Name of Contact Person

at (305) 361-9121

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 617.1508, 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: CASA DEL MAR CONDOMINIUM ASSOCIATION, INC  
2. The principal office address: 881 OCEAN DRIVE, KEY BISCAVNE, FL 33149

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

4. Date of incorporation/qualification: 08/1971 Document number: 718183

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)

SEGUROLA, IGNACIO J ESQ (RESIGNED)

3301 PONCE DE LEON BLVD - 3RD FLOOR

CORAL GABLES, FL 33134 US

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

IOSVANY ACOSTA

881 OCEAN DRIVE, MANAGEMENT OFFICE

P.O. Box NOT acceptable

KEY BISCAVNE, FL 33149

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 of an officer or director

DIANA GARMENDIA, PRESIDENT

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 of Registered Agent

05/25/2022

Date

If signing on behalf of an entity:

IOSVANY ACOSTA

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

FILED  
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL