

723209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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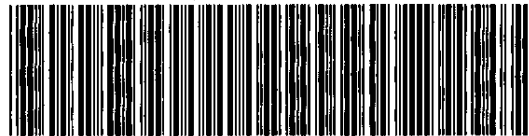
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*R.A. Chong*  
C.COULLETTE

JUL 02 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Miami Sandpiper Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 723209

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:

Michael Bakalar, Business Manager  
Name of Contact Person

Bakalar & Associates, P.A.  
Firm/Company

150 South Pine Island Road, Suite 540  
Address

Plantation, FL 33324  
City/State and Zip Code

smartbroke@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Bakalar, Business Manager at ( 954 ) 475-4244  
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

**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: The Miami Sandpiper Condominium Association, Inc.
2. The principal office address: 3745 NE 171 Street, North Miami Beach, FI 33160 US
3. The mailing address (if different): 12358 Wiles Road, c/o Unified Property Services  
Coral Springs, FI 33076
4. Date of incorporation/qualification: 4/19/1972 Document number: 723209
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)

Bakalar, Michael

1500 South Pine Island Road, Suite 540

Plantation, FI 33324 US

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

Bakalar & Associates, P.A.

150 South Pine Island Road, Suite 540

P.O. Box NOT acceptable

Plantation, FI 33324 US

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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.

  
\_\_\_\_\_  
Signature of an officer or director

Samuel J. Martiello, Jr.  
CAM-Property Manager  
\_\_\_\_\_  
Agent for Owner

*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

  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Susan P. Bakalar, Esq.

Typed or Printed Name

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