# 724946

ph. The second s					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Otty/State/Zipir Hone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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Refundat 52.50 5-20-01 Th

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ON HAY OF CORPORATIONS

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## MAY 178 2009 BY

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2009

JESSIE FLEISCHMAN CORONADO CONDOMINIUM ASSOC., INC. 20301 W. COUNTRY CLUB DR AVENTURA, FL 33180

SUBJECT: CORONADO CONDOMINIUM ASSOC INC

Ref. Number: 724946

We have received your document for CORONADO CONDOMINIUM ASSOC INC \* and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records reflect the registered agent for the above corporation as Eisinger, Brown, Leis & Frankel, P.A., please correct your document with correct registered agent name and signature.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 209A00016287

5/15/09

Please send refund of 52.50. We few 87.50

Thank you.

Should be 35.00

Thank you.

Thank you.

00:8 HA OS YAM 800S

RECEIVE

#### **COVER LETTER**

TO: Amendmen Division of	nt Section f Corporations					
SUBJECT:	CORONADO CONDOMI Name of C					
DOCUMENT NU	MBER:	724946				
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:						
JESSIE FLEISCHMAN						
Name of Contact Person						
CORONADO CONDOMINIUM ASSOC., INC.						
		ompany				
20301 W. COUNTRY CLUB DRIVE						
Address						
AVENTURA, FL. 33180						
City/State and Zip Code						
JFLEIS@CORONADOCCA.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
JES	SSIE FLEISCHMAN	at ( 305 )	931-5900			
Nar	ne 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 Sect Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	orations Center Circle			

# already sent 87,50 see Ref letter 209400016287

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ er to change its registered office or registe	nized under the laws of the State of	FLORIDA	
	the corporation: CORONADO CO		INC	
	office address: 20301 W. COUNTR	Y CLUB DRIVE		
	RA, FL. 33180			
3. The mailing a	ddress (if different): SAME			
4. Date of incor	poration/qualification:10/1979	Document number:	724946	
	d street address of the current registered a rtment of State: (If resigned, enter resigned		ith the	
	EISINGER, BROWN, LEWIS &	FRANKEL, P.A.	_	
	4000 HOLLYWOOD BLVD. ST	E. 265	. – • • • • • • • • • • • • • • • • • •	
	HOLLYWOOD, FL. 33021		SECRE ISION	
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered of	SECRETARY OF SARPO	
	RALPH TILLMAN		STAN	
	20335 W. COUNTRY CLUB DF		_ 56	
P.O. Box NOT acceptable				
	AVENTURA, FL. 33180		<del></del>	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of i	its registered agent,	
Such change w authorized by t	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an otified in writing of the change.	n officer so	
Buy Signat	re of an officer of director	PIERRE GRANGER / T	REASURER title	
I hereby accept I further agree of my duties, ar document is be	the appointment as registered agent ar to comply with the provisions of all stat ad I am familiar with and accept the ob- ing filed merely to reflect a change in th s been notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and co- ligation of my position as register he registered office address, I here	mplete performance ed agent. Or, if this eby confirm that the	
RY11 T MAY 18, 2009			)9	
	nature of Registered Agent	Date		
it signing on bo	chalf of an entity:			
	'yped or Printed Name			
	* * * FILING FI	EE: \$35.00 * * * DAID	ALEADY SE	

\*\*\* FILING FEE: \$35.00 \*\*\* PAID ALEADY SEE

Make checks payable to Florida Department of State

Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)

#209A 00016287