

726834

(Requestor's Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE ENTRADA CONDOMINIUM, INC.
Name of Corporation

DOCUMENT NUMBER: 926834

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:

ADAH GAINES (SECRETARY)
Name of Contact Person

THE ENTRADA CONDOMINIUM INC.
Firm/Company

21 JACARANDA DR. #122
Address

PLANTATION, FL. 33324
City/State and Zip Code

gaines42128@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAH GAINES at (954) 473-2679
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

February 11, 2014

ADAH GAINES
THE ENTRADA CONDOMINIUM, INC.
21 JACARANDA DR. #122
PLANTATION, FL 33324

SUBJECT: THE ENTRADA CONDOMINIUM, INC.
Ref. Number: 726834

We have received your document for THE ENTRADA CONDOMINIUM, 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 514A00003094

**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 US in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE ENTRADA CONDOMINIUM, INC.
2. The principal office address: 95 JACARANDA DRIVE
PLANTATION, FL 33324
3. The mailing address (if different): _____

4. Date of incorporation/qualification: JUNE 29, 1973 Document number: 726834

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)

KATZMAN GARFINKEL & BERGER
5297 WEST COPANS ROAD
MARGATE, FL 33063 US

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

WILLIAM MCGEE
9 JACARANDA DR. #211
P.O. Box NOT acceptable
PLANTATION, FL 33324

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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.

Adah Gaines
Signature of an officer or director

ADAH GAINES SECRETARY
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

02/25/14
Date

If signing on behalf of an entity:

William G. McGee
Typed or 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