726871

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	(dress)				
(Cit	ty/State/Zip/Phone	· #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



800040622488

18/30/04--01057--004 **35.00

A CONTROL OF THE STATE OF THE S

150/2/01

LAW OFFICES SIEGFRIED, RIVERA, LERNER, DE LA TORRE & SOBEL, P.A.

STEVEN M. SIEGFRIED OSCAR R. RIVERA LISA A. LERNER HELIO DE LA TORRE STUART H. SOBEL MARIA VICTORIA ARIAS JAMES F. HARRINGTON ELISABETH D. KOZLOW

ROBERTO C. BLANCH DANIEL P. GALFOND

Reply to: Coral Gables Office

201 ALHAMBRA CIRCLE 11th FLOOR CORAL GABLES, FLORIDA 33134

200 WEST PALMETTO PARK ROAD, SUITE 301 BOCA RATON, FLORIDA 33432

DADE (305) 442-3334 FAX (305) 443-3292 BROWARD (954) 781-1134 TOLL FREE 1-800-737-1390 BOCA RATON (561) 353-0600

EMAIL:MARIAS@SIEGFRIEDLAW.COM

MICHAEL J. KURZMAN
PAULA LEVY
ENRIQUE M. LOPEZ
LAURA M. MANNING
JOSEPH A. MILES
VIVIEN T. MONTZ
RAUL MORALES
FERN F. MUSSELWHITE
DIANA PAEZ-RAMOS
KENZIE N. SADLAK
L. CHERE TRIGG

OF COUNSEL

H. HUGH McCONNELL, P.A.

August 26, 2004

VIA FEDERAL EXPRESS

Division of Corporations Amendment Section 409 E. Gaines Street Tallahassee, FL 32399

RE: CORAL GARDENS CONDOMINIUM ASSOCIATION, INC. ("Association")

To Whom it May Concern:

The undersigned law firm represents Coral Gardens Condominium Association, Inc. ("Association"). Enclosed herewith are the original and a copy of the Statement of Change of Registered Office or Registered Agent or Both for Corporations ("Statement") and a check in the sum of Thirty-Five and No/100 Dollars (\$35.00). Please date stamp the copy and return to the undersigned in the enclosed self-addressed stamp envelope.

Should you require anything further, please do not hesitate to contact my office.

Very truly yours,

SIEGFRIED, RIVERA, LERNER,

DE/LA TORRE & SOBEL, P.A.

Maria Victoria Arias

MVA/bly Enclosures

H:\LIBRARY\CASES\1655\2040436\N35013.WPD

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

			02, 607.1508, or 617.1508, Florida Statutes, this	
change is submitted for a corporation organized under the laws of the State of <u>FLORIDA</u> to change its registered office or registered agent, or both, in the State of Florida.			in order	
to change its reg	isierea ojjice oi	r registerea agent, or vot	n, in the state of Florida.	
1. The name of the	he corporation:	CORAL GARDENS (CONDOMINIUM ASSOCIATION, INC.	
2. The principal	office address:_	3431 S.W. 9th TERR	ACE, #1 AND 2	
		MIAMI, FL 33135		<u></u>
3. The mailing ac	ddress (if differ	ent):		
4. Date of incorp	oration/qualific	cation: 07/05/1973	Document number: 726872	
5. The name and Florida Depart		of the current registered a	agent and registered office on file with the	
	LUIS COR	PORAN		
	3411 SW 9	TH TERRACE		
	MIAMI, F	L 33135		
6. The name and (if changed):	street address o	of the new registered ager	nt (if changed) and /or registered office	
	SKRLD, IN	NC.		
	201 ALHA	MBRA CIRCLE, SUIT	E 1102	30
		(P.O. Box or personal	mailbox NOT acceptable)	
	CORAL GA	ABLES, FL 33134		ကိုတ် တ
The street addre- changed will be	ss of its registe identical.	ered office and the street	address of the business office of its registered	l agent, as
Such change wa	s authorized by corporation ha	y resolution duly adopte as been notified in writi	d by its board of directors or by an officer so any of the change.	authorized by
VZux 0	A GUTP	esm	Luis A Corporar	ı – presiden
· ·	ignature of an office	•	(Printed or typed name and title)	
I hereby accept i I further agree to duties, and I am being filed mere been notified in	the appointment o comply with familiar with a ly to reflect a c writing of this	nt as registered agent an the provisions of all stat and accept the obligatio change in the registered change.	nd agree to act in this capacity. tutes relative to the proper and complete perfo in of my position as registered agent. Or, if th office address, I hereby confirm that the corp	ormance of my is document is oration has
Aliana	len		8/26/04	
_ uma	Signature of Registe	ered Agent)	(Date)	
If signing on bel	half of an entity	y:		
LISA A. LEF	RNER		SECRETARY	
	(Typed or Printed)	Name)	(Capacity)	

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