728043

(R	Requestor's Name)
(A	ddress)	
(A	ddress)	
(C	city/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Na	ime)
2)	Occument Number	r)
Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:		
. ^		

Office Use Only



200256245272

02/06/14--01005--016 **35.00

"VISION OF CHRECKATIO

HO

FEB 10 2015

5297 West Copans Road Margate, Florida 33063 T | 954.486.7774 F | 954.486.7782

Attorneys at Law



DONNA DIMAGGIO BERGER, ESQ. dberger@KGBlawfirm.com

January 31, 2014

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Re: Coronado Association Two, Inc. Change of Registered Agent

Dear Sir / Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been properly completed by this office. Furthermore, enclosed please find a check made payable to the Florida Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed above.

Sincerely,

KATZMAN GARFINKEL & BERGER

Donna Di Maggio Berger, Esquire

Founding Partner

DDB:dts Enclosures

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 statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of its registered agent, or both, in the State of its registered agent, or both, in the State of its registered agent, or both, in the State of its registered agent, or both, in the State of its registered agent, or both, in the State of its registered agent, or both, in the State of its registered agent, or both, in the State of its registered agent, or both, in the State of its registered agent, or both, in the State of its registered agent, or both, in the State of its registered agent, or both, in the State of its registered agent, or both, in the State of its registered agent, or both, in the State of its registered agent, or both, in the State of its registered agent, or both, in the State of its registered agent, or both its registered agent its registered agen	FLORIDA	
1. The name of the corporation: CORONADO ASSOCIATION TWO, INC.	<u> </u>	
The principal office address: 250 Jacaranda Drive Plantation, FL 33324		-
3. The mailing address (if different): c/o West Broward Comm Mgmt, Inc., 820 South State Road 7, Plantation, FL 33317		
4. Date of incorporation/qualification: 11/16/1973 Document number:	728043	
5. The name and street address of the current registered agent and registered office on file will Florida Department of State: (If resigned, enter resigned)	ith the	nyisiim 14 FE
West Broward Comm Mgmt, Inc.,		14 FEB
820 South State Road 7		9-6
Plantation, FL 33317		=
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):	– fice	M11:47
KATZMAN GARFINKEL & BERGER	_	
5297 WEST COPANS ROAD	_	
P.O. Box NOT acceptable		
MARGATE, FLORIDA 33063	-	
The street address of its registered office and the street address of the business office of it as changed will be identical.	ts registered ag	gent,
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in Doning Old apple Ber	officer so	
Founding Partner	Bars mag.	
Signature of an officer, or director Printed or typed name and to		
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 con of my duties, and I am familiar with and accept the obligation of my position as registere document is being filed merely to reflect a change in the registered office address, I herel corporation has been notified in writing of this change.	nplete perform d agent. Or, i by confirm tha	iance f this t the
Signature of Registered Agent 100 14 Date		
If signing on behalf of an entity:		
DONNA DIMAGGIO BERGER, ESQ.		
Typed or Printed Name		

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