

1734654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FEB - 6 2017  
I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: La Salle Park Condominium Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: 734654

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:

Vilma Orr

Name of Contact Person

Firm/Company

9682 NW 45 Street

Address

Sunrise, FL 33351

City/State and Zip Code

dudvil@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vilma Orr

Name of Contact Person

954 347-3534

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

RECEIVED  
17 FEB -6 PM 1:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2017

VILMA ORR  
9682 NW 45 STREET  
SUNRISE, FL 33351

SUBJECT: LA SALLE PARK CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 734654

We have received your document for LA SALLE PARK CONDOMINIUM ASSOCIATION, 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):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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: 717A00001827

**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: La Salle Park Condominium Association, Inc.
2. The principal office address: 8751 West Broward Blvd #400, Plantation, FL 33324
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/18/1975 Document number: 734654
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 & Associates, PA

12472 West Atlantic Blvd.

Coral Springs, FL. 33071

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

Kravit Law, PA

1801 North Military Trail, Suite 120

P.O. Box NOT acceptable

Boca Raton, FL 33431

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.

Vilma V. Orr  
Signature of an officer or director

Vilma V. Orr - President  
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

1/16/17  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

CR2E045 (03/12)

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2017 FEB -6 PM 4:13  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE