

739797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

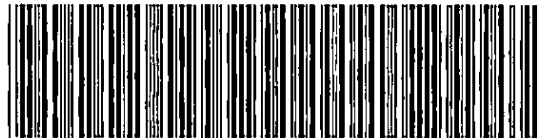
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Spoke w/ paralegal to Mr. Alcaso  
on 11/5/20 to Approve Attny in  
Fact

Office Use Only



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2020

ADARA M. RODRIGUEZ  
ALONSO & PEREZ, LLP  
6303 BLUE LAGOON DRIVE, SUITE 400  
MIAMI, FL 33126

SUBJECT: CARIBBEAN GARDENS CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 739797

We have received your document and check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 020A00016682



July 3, 2020

**Via Mail To:**

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Change of Address of Registered Agent

Dear Sir/Madam:

Our law firm is the designated Registered Agent for the following:

- |   |                           |
|---|---------------------------|
| • Caribbean Gardens Condominium Assoc., Inc.      | Document No: 739797       |
| • Coral Reef Medical Park, Inc.                   | Document No: 745269       |
| • Hemisphere Centre Condominium Assoc., Inc.      | Document No: N94000001678 |
| • Ramavest Condominium Assoc., Inc.               | Document No: N05000000900 |
| • The Centre at Beacon North Condo Assoc., Inc.   | Document No: N94000002932 |
| • Village West Warehouse Condominium Assoc., Inc. | Document No: N40103       |

Enclosed is a Statement of Change of Registered Office form for each of the above referenced entities along with check number 2822 for the amount of \$210.00 (\$35.00 for each statement). Accordingly, please process the Statement of Change of Registered Office forms.

Should you require additional information, please do not hesitate to contact me at 305-443-6321 or via email at [arodriguez@alonsoperezlaw.com](mailto:arodriguez@alonsoperezlaw.com).

Regards,

/s/ Adara M. Rodriguez

**Adara M. Rodriguez**  
**Paralegal to Rafael F. Alonso, Esq.**  
**Alonso & Perez, LLP**

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Caribbean Gardens Condominium Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: 739797

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:

Rafael F. Alonso  
Name of Contact Person

Alonso E. Perez, LLP  
Firm/Company

6303 Blue Lagoon Drive - Suite 400  
Address

Miami, FL 33126  
City/State and Zip Code

info@alonso.perez.law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael F. Alonso at ( 305 ) 443-6321  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Caribbean Gardens Condominium Association, Inc.
2. The principal office address: 9000 SW 152 St - Suite 102  
Palmetto Bay, FL 33157
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/09/1977 Document number: 739797
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)

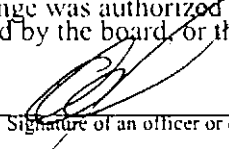
~~Alonso & Perez~~ Alonso, Perez & Santos, LLP  
815 NW 57 Ave - Suite 307  
Miami, FL 33126

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

Alonso & Perez, LLP  
6203 Blue Lagoon Drive - Suite 400  
P.O. Box NOT acceptable  
Miami, FL 33126

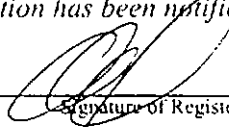
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

~~Alonso & Perez~~ Rafael F Alonso  
Printed or typed name and title  
**Attorney in Fact**

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 of Registered Agent

10/12/2020  
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 (04/13)