DOCUMENT # 741911

1. Entity Name

EL ESCORIAL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business: 4315 S.W. 69 AVE. MIAMI FL 33155

Mailing Address: 4315 S.W. 69 AVE. MIAMI FL 33155

FILED

09 FEB 16 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E037 (10/07)

2. Principal Place of Business

3. Mailing Address

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF
121 ALHAMBRA PLAZA, 10TH FLOOR
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE ______

FILE NOW: FEE IS $61.25
Due By May 1, 2009

9. Election Campaign Financing Trust Fund Contribution ✓ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	☐ Delete
NAME	~~ROJAS, MARIA C.~~ GARCIA ROSA	
STREET ADDRESS	~~4260 SW 69TH CT.~~ 4304 SW 69 AVE.	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PD	☐ Delete
NAME	GARCIA, AMADO.	
STREET ADDRESS	4304 SW 69TH AVE.	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	TD	☐ Delete
NAME	GUTIERREZ, RAFAEL.	
STREET ADDRESS	4315 SW 69TH AVE.	
CITY-ST-ZIP	MIAMI, FL 00000	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

300143707683
02/16/09--01047--001 **66.25

JC 2/17

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gutierrez - RAFAEL GUTIERREZ - 2/07/09 (305)661-0736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR