## 100999

(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:	
<i></i>	1
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:		NÉRS ASSOCIATION, INC.
	Name of Corp	poration
DOCUMENT	592388042 NUMBER:	
The enclosed St	atement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return al	correspondence concerning this matter to	the following:
	Martha Alvarez	·
	Name of Conta	ct Person
	Gardens on the Bay Ow	ners Association? Inc.
	Firm/Com	pany
	6484 Indian Creek Dr	ive (Office)
	Addres Miami Beach, Florida	
	City/State and	Zip Code
	P. P. M. V. 44 @ JA 1 E-mail address: (to be used for futu	HOD. COM.  ure annual report notification)
For further info	rmation concerning this matter, please call	;
Marta Alvare	Name of Contact Person	at ( <u>305</u> ) <u>864-9892 - 868-55</u> 87 Area Code & Daytime Telephone Number
Enclosed is a \$1	35.00 check made payable to the Departme	ent of State.
2069 DEC -4	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



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 9, 2009

MARTHA ALVAREZ GARDENS ON THE BAY OWNERS ASSOCIATION 6484 INDIAN CREEK DR. (OFFICE) MIAMI BEACH, FL 33141

SUBJECT: GARDENS ON THE BAY OWNERS ASSOCIATION, INC.

Ref. Number: N00999

We have received your document for GARDENS ON THE BAY OWNERS ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

The fee to resign as registered agent of an active corporation is \$87.50.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 109A00037593

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge 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 th	GARDENS ON THE BAY OWNERS ASSOCIATION, INC.
2. The principal o	ffice address: 6484 Indian Creek Drive
***************************************	Qffice  Miami Beach, Florida 33141
3. The mailing ad	dress (if different):
4. Date of incorpo	oration/qualification: 01/18/1984 Document number: 592388042
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Glazer, Eric M.
-	1920 East Hallandale Beach Boulevard
-	8th Fl Corporate Place Hallandale, Florida 33009
_	
6. The name and s	Sth Fl Corporate Place Hallandale, Florida 33009  street address of the new registered agent (if changed) and /or registered office
` ' '	winston n. sosa, esq.
-	782 N.W. 42 Ave. Suite 530
_	Miami, Florida 33126 P.O. Box NOT acceptable
	P.O. Box NOT acceptable
The street addres as changed will b	s of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Wasta	Marta Alvarez
	of an officer or director  Printed or typed name and title
I further agree to of my duties, and document is bein	he appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this g filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
5	9005,1,009
	ature of Registered Agent Sosa, Esq.
If signing on beh	the state of the s
Typ	ped or Printed Name

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