

N0300000 6834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PALM GARDENS II CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N03000006834

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:

MIRTA PEREZ
(Name of Contact Person)

(Firm/Company)

210 S.W. 11 STREET APT # 507
(Address)

MIAMI, FLORIDA 33130
(City/State and Zip Code)

For further information concerning this matter, please call:

MIRTA PEREZ at (305) 374-3434
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2006

MIRTA PEREZ
210 SW 11 ST APT 507
MIAMI, FL 33130

SUBJECT: PALM GARDENS II CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N03000006834

We have received your document for PALM GARDENS II 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):

The registered agent must sign accepting the designation.

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) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 006A00052120

RECEIVED

06 SEP -3 AM 8:00

DIVISION OF CORPORATIONS

**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: PALM GARDENS II CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 210 S.W. 11 STREET OFFICE
MIAMI, FLORIDA 33130
3. The mailing address (if different): C/O TRUST GROUP MANAGEMENT, INC.
P.O. BOX 451306, MIAMI, FLORIDA 33245
4. Date of incorporation/qualification: 8/8/2003 Document number: N03000006834
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

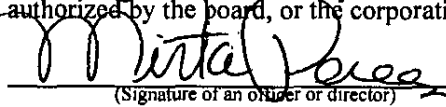
INAKI SAIZARBITORIA
1492 S. MIAMI AVE. SUITE 203
MIAMI, FLORIDA 33130

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

ENRIQUE R. DE LA PENA
141 NE 3rd AVENUE SUITE 803
(P.O. Box NOT acceptable)
MIAMI, FL 33132

The street address of its registered office and the street address of the business office of the 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)

MIRTA PEREZ, 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 of Registered Agent)

9/5/06
(Date)

If signing on behalf of an entity:

ENRIQUE R. DE LA PENA
(Typed or Printed Name)

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA