

N03000008146

(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:

*Sig.*

Office Use Only



900350368979

00724/20-01022-020 \*\$ 5.00

FILED

2020 DEC -8 P 5:16

CLERK OF STATE  
TALLAHASSEE, FLORIDA

*PA*  
*CH*

DEC 11 2020

D CONNELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 20, 2020

CONRAD LOPEZ  
GUARANTEE MANAGEMENT SERVICES, INC.  
3785 NW 82ND AVENUE, SUITE 109  
DORAL, FL 33166

SUBJECT: MALIBU BAY COMMUNITY ASSOCIATION, INC.  
Ref. Number: N03000008146

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

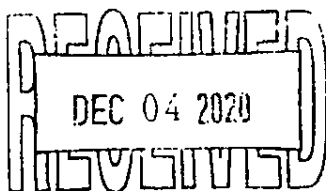
THE NEW REGISTERED AGENT LISTED IN SECTION #6 OF THE DOCUMENT MUST SIGN THE DOCUMENT AS REGISTERED AGENT.

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.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 520A00023512



✓ Done - see attached.

*Guarantee Management*

3785 N.W. 82nd Avenue #109  
Doral, FL 33166



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2020

CONRAD LOPEZ  
GUARANTEE MANAGEMENT SERVICES, INC.  
3785 NW 82ND AVENUE, SUITE 109  
DORAL, FL 33166

SUBJECT: MALIBU BAY COMMUNITY ASSOCIATION, INC.  
Ref. Number: N03000008146

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

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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.

JEARLD H QUICK  
OPS

Letter Number: 220A00019625

✓ Done.

Letter signed.

11/13/2020.

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Malibu Bay Community Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: NO3000008146

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:

Tracey Robin  
Name of Contact Person

Guarantee Management Services, Inc.  
Firm/Company

3785 NW 82nd Av. Ste. 109  
Address

Doral, FL 33166  
City/State and Zip Code

trubin@guaranteemgt.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracey Robin at ( 305 ) 2626120 ext. 109  
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 Date in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Malibu Bay Community Association, Inc.  
2. The principal office address: 3785 NW 82nd. Av. Ste. 109 Doral, Fl. 33166

3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 09-19-2003 Document number: N-03000008146

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)

the meloni lawfirm  
1701 NE 164th Street - 303  
North Miami Beach, Fl. 33562

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

David Iglesias, Esq. / Iglesias Law Group, P.A.  
15800 Pines Blvd. Ste. 303  
P.O. Box NOT acceptable  
Pembroke Pines, FL. 33027

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.

Conrado Perez

Signature of an officer or director

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

12/4/2020

Date

If signing on behalf of an entity:

David Iglesias

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)