

N03000008273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 10/6/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Estates at Mendocino at Malibu Bay Neighborhood
Name of Corporation Association, Inc.

DOCUMENT NUMBER: NO 3000008273

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

For further information concerning this matter, please call:

Tracey Rubin at (305) 2626120
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 FLA DATE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Estates at Mendocino at Malibu Bay Neighbor Association, Inc.
2. The principal office address: 5785 NW 82nd Ave. Ste. 109
Doral, FL 33166
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: NO3000008273
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)

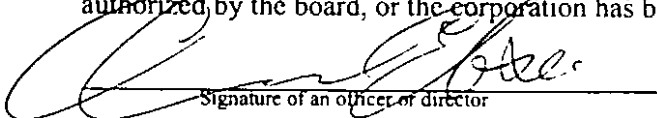
The Meloni Law Firm
1701 NE 164th Street #303
North Miami Beach, FL 33162

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
David D. Iglesias, Esq. / Iglesias Law Group, P.A.
15800 Pines Boulevard, Ste. 303
Pembroke Pines, FL 33027

P.O. Box NOT acceptable

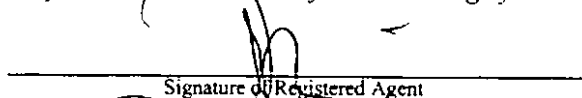
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

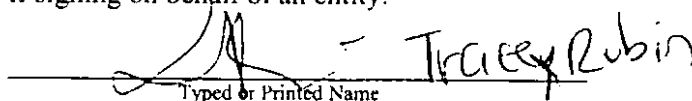
Arnoldo S. Sosa president
Printed or typed name and title

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

8/12/20
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)

2020. FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008273

Entity Name: ESTATES AT MENDOCINO AT MALIBU BAY NEIGHBORHOOD ASSOCIATION, INC.

FILED
Jan 15, 2020
Secretary of State
5065060505CC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 20-0784089

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE MELONI LAW FIRM
1701 NE 164TH STREET
-303
NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE: EDOARDO MELONI, ESQ.

01/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SOSA, ARNALDO
Address GUARANTEE MANAGEMENT SERVICES, INC.
3785 NW 82ND AVENUE SUITE 109
City-State-Zip: DORAL FL 33166

Title TREASURER
Name JIMENEZ, ERNESTO
Address GUARANTEE MANAGEMENT SERVICES, INC.
3785 NW 82ND AVENUE SUITE 109
City-State-Zip: DORAL FL 33166

Title VP
Name ROSARIO, STEVEN
Address GUARANTEE MANAGEMENT SERVICES, INC.
3785 NW 82ND AVENUE SUITE 109
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name OGLIASTRI, SARA
Address GUARANTEE MANAGEMENT SERVICES, INC.
3785 NW 82ND AVENUE SUITE 109
City-State-Zip: DORAL FL 33166

Title SECRETARY
Name GRANOBLES, MICHAEL
Address GUARANTEE MANAGEMENT SERVICES, INC.
3785 NW 82ND AVENUE SUITE 109
City-State-Zip: DORAL FL 33166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARNALDO SOSA

PRESIDENT

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date