

N05000004522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

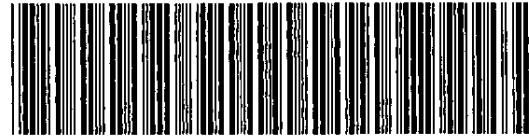
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*Handwritten signature*

AUG 16 2012  
C. MUSTAIN

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BROWNSVILLE GARDENS CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N05000004522

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:

**SERGIO SALADRIGAS**

Name of Contact Person

BROWNSVILLE GARDENS CONDOMINIUM ASSOCIATION, INC

Firm/Company

**317 SW 95 PLACE**

Address

**MIAMI, FL 33174**

City/State and Zip Code

**management8services@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**SERGIO SALADRIGAS**

Name of Contact Person

at ( **305** ) **433-4822**

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

July 26, 2012

SERGIO SALADRIGAS  
317 SW 95 PLACE  
MIAMI, FL 33174

SUBJECT: BROWNSVILLE GARDENS CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N05000004522

We have received your document for BROWNSVILLE GARDENS 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 812A00019715

**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: BROWNSVILLE GARDENS CONDOMINIUM ASSOCIATION, INC  
2. The principal office address: 317 SW 95 Place, Miami, FL 33174

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

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)

Humberto J. Martinez RESIGNED

7721 SW 146 Terr

Miami, FL 33158

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

Sergio Saladrigas

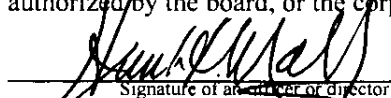
317 SW 95 Place

P.O. Box NOT acceptable

Miami, FL 33174

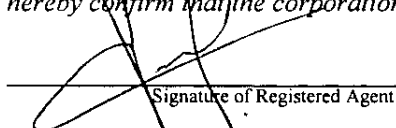
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

HUMBERTO MARTINEZ Director  
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

7/20/12  
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 (03/12)