

N05000009344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

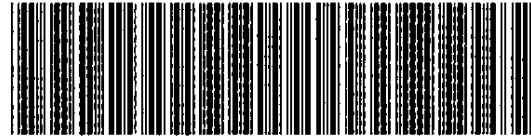
(Business Entity Name)

(Document Number)

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*PA On  
7/20/10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Residences at the Falls Condominium Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N05000009344

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:

Oscar R. Rivera, Esq.  
Name of Contact Person

Siegfried, Rivera, Lerner, De La Torre & Sobel, PA  
Firm/Company

201 Alhambra Circle, #1102  
Address

Coral Gables, FL 33134  
City/State and Zip Code

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

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. at ( 954 ) 781-1134  
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

June 16, 2010

OSCAR R. RIVERA  
201 ALHAMBRA CIRCLE #1102  
CORAL GABLES, FL 33134

SUBJECT: RESIDENCES AT THE FALLS CONDOMINIUM ASSOCIATION,  
INC.  
Ref. Number: N05000009344

We have received your document for RESIDENCES AT THE FALLS  
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 have original signatures.

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) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 410A00014812

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Residences at the Falls Condominium Association, Inc.
- 2. The principal office address: 13888 SW 90 Avenue, Miami, FL 33176
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 9/12/2005 Document number: N05000009344

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)

Katzman Garfinkel, PA  
1501 N.W. 49 Street, Suite 202  
Ft. Lauderdale, FL 33309

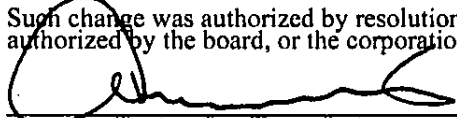
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SKRLD, Inc.  
201 Alhambra Circle, #1102  
P.O. Box NOT acceptable  
Coral Gables, FL 33134

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SECRETARY OF STATE


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

KENNETH A. WELT  
\_\_\_\_\_  
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

6-23-10  
\_\_\_\_\_  
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