

ND60000001751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

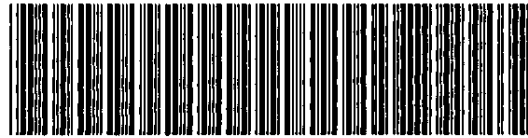
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDITERRANEAN VILLAS CONDOMINIUM ASSOC
Name of Corporation

DOCUMENT NUMBER: N06000001751

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:

Emmi Valenzuela
Name of Contact Person

Mediterranean Villas Condominium Association, Inc
Firm/Company

6270 NW 186 ST
Address

MIAMI, FLORIDA 33015
City/State and Zip Code

MEDVILLASMANAGER@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emmi Valenzuela at (305) 557-6223
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

RECEIVED
11 JUL 25 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 8, 2011

EMMI VALENZUELA
MEDITERRANEAN VILLAS CONDO ASSOCIATION
6270 NW 186 ST
MIAMI, FL 33015

SUBJECT: MEDITERRANEAN VILLAS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000001751

We have received your document for MEDITERRANEAN VILLAS 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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 811A00016340

**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: MEDITERRANEAN VILLAS CONDOMINIUM ASSOCIATION
2. The principal office address: 6270 NW 186 STREET
MIAMI FL 33015
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/16/2006 Document number: N06000001751
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)

KABA, MOISES

1840 W. 49 ST. SUITE 100

HIALEAH, FL 33012

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

MAGILL, LISA

3111 STIRLING ROAD

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33312

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

JOSE R. NUÑEZ
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

7/21/11
Date

If signing on behalf of an entity: 1

LISA MAGILL
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 (8/05)

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DIVISION OF CORPORATIONS
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