

N06 000007955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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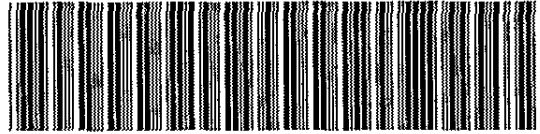
(Business Entity Name)

(Document Number)

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06 AUG 28 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Concerned Homeowners of Grand Palms, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N06000007955

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:

Carlene A. Tiedemann
(Name of Contact Person)

Concerned Homeowners of Grand Palms, Inc.
(Firm/Company)

15003 S.W. 16th Street
(Address)

Pembroke Pines, Florida 33027
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlene A. Tiedemann at (954) 433-7008
(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

August 15, 2006

CARLENE A. TIEDEMANN
CONCERNED HOMEOWNERS OF GRAND PALMS, INC
15003 S.W. 16TH STREET
PEMBROKE PINES, FL 33027

SUBJECT: CONCERNED HOMEOWNERS OF GRAND PALMS, INC.
Ref. Number: N06000007955

We have received your document for CONCERNED HOMEOWNERS OF GRAND PALMS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 006A00050349

*SORRY about forgetting the check.
Thank You Much —
Carlene*

RECEIVED

06 AUG 28 AM 8:00

DIVISION OF CORPORATIONS

**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: Concerned Homeowners of Grand Palms, Inc.
2. The principal office address: 15003 S.W. 16th Street
Pembroke Pines, Florida 33027
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: July 27, 2006 Document number: N06000007955
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Tucker Gibbs
215 Grand Avenue
Coconut Grove, Florida 33133

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

Carlene A. Tiedemann
15003 S.W. 16th Street
(P.O. Box NOT acceptable)
Pembroke Pines, Florida 33027

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TALLAHASSEE, FLORIDA

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.

Carlene A. Tiedemann
(Signature of an officer or director)

Carlene A. Tiedemann
(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.

Carlene A. Tiedemann
(Signature of Registered Agent)

08/09/06
(Date)

If signing on behalf of an entity:

Carlene A. Tiedemann
(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)