

NO6469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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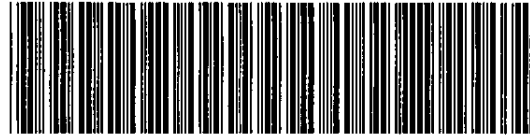
(Business Entity Name)

(Document Number)

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R.A.

SEP 18 2012
T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TARA GARDENS MASTER CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: NO 6469

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:

Debra Cipolla
Name of Contact Person

TARA GARDENS MASTER CONDOMINIUM ASSOCIATION, INC.
Firm/Company

10001 WEST ATLANTIC BLVD OFFICE
Address

CORAL SPRINGS FL 33071
City/State and Zip Code

CIPOLLA DEBRA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Cipolla at (954) 304-2019
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

**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: TARA GARDEN MASTER CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 10001 WEST ATLANTIC BLVD OFFICE
CORAL SPRINGS FL 33071
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/04/1984 Document number: N06469

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)

DUHAIME, CHRISTIAN RESIGNED
1625 SE 17th STREET CAUSEWAY
FORT LAUDERDALE FL 33316

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

Debra Cipolla
10001 W ATLANTIC BLVD OFFICE
P.O. Box NOT acceptable
CORAL SPRINGS FL 33071

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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.

Debra Cipolla
Signature of an officer or director

Debra Cipolla
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.

Debra Cipolla
Signature of Registered Agent

8-29-12
Date

If signing on behalf of an entity:

Debra Cipolla - Tara Gardens Master Association Inc.
Typed or Printed Name

*** FILING FEE: \$35.00 ***