113043

(Re	questor's Name)		
——(Ad	dress)		•
(Ad	dress)		•
(Cit	y/State/Zip/Phone	÷#)	•
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	-
(Do	cument Number)		-
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
			(
	Office Use On	ly	J

F - 6 7 7.0



800240480378

10/15/12--01027--028 **35.00

L. My

2112 00T 15 PM 2: 40

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MAINTENAINCE ASSOCIATION, INC. Name of Corporation
DOCUMENT NUMBER: N 13043
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:
ANTONIO VALCARCEL Name of Contact Person ANTONIO VALCARCEL, CPA, PA Firm/Company
7700 N. KENDRIL CK. 4.606
City/State and Zip Code
TONY VO BELLSOUTH. NET
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANTONIO VALCARCEL 786 253-1079
ANTONIO VALCARCEL at (786) 253-1079 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

CR2E045 (03/12)

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 FLORIA
in order to change its registered office or registered agent, or both, in the State of Florida
LAKES OF THE MEADOW VILLAGE HUMES CONDO.# 7
1. The name of the corporation: MAINTENANCE ASSOCIATION, INC.
2. The principal office address: 7700 N. KENOHIL DR. #606
MIAMI, FL 33156
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/17/86 Document number: N 13043
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)
BROUGH, CHARROW & LEVINE, PA
1900 N. COMMERCE PARKWAY
WESTON, FL 33326
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JUYCE GOODMAN-GUENTHER, P.A. W. OT
10723 SW 104 ST.
P.O Box NOT acceptable
MIAMI, FL 33176
/ 1
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 copporation has been notified in writing of the change.
Signature of an officer or director WARIA H. OR ROWAY S Printed or typed rounc 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.
Jan Dural a/20/12
Signature of Registered Agent Date
If signing on behalf of an entity:
JOYCE GOOMAN-GUENITHER
Typed or Printed Name

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