

N15631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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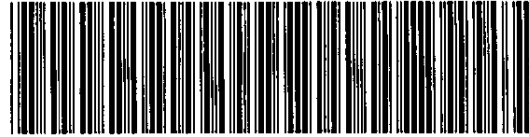
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAY 23 PM 2:55

RAT RO Change

MAY 27 2014

T. CARTER

RCVD 30 APR '14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 MAY 23 PM 4:15
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FL
32314

April 18, 2014

LISA BARNETT
CASTLE GROUP
12270 SW 3RD STREET, SUITE 200
PLANTATION, FL 33325 US

SUBJECT: TAMARAC GARDENS CONDOMINIUM NO. 8 ASSOCIATION, INC.
Ref. Number: N15631

We have received your document for TAMARAC GARDENS CONDOMINIUM NO. 8 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 current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 714A00008365

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tamarac Gardens Condominium 8 Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N15631

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:

Lisa Barnett

Name of Contact Person

Castle Group

Firm/Company

12270 SW 3rd Street, Suite 200

Address

Plantation, FL 33325

City/State and Zip Code

lbarnett@castlegroup.com

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

For further information concerning this matter, please call:

Lisa Barnett

Name of Contact Person

at 954 721-6618
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: Tamarac Gardens Condominium 8 Association, Inc.
2. The principal office address: 9835 68th Place Tamarac, FL 33321

3. The mailing address (if different): c/o Castle Group
12270 SW 3rd St, Suite 200 Plantation, FL 33325

4. Date of incorporation/qualification: 6/27/1986 Document number: N15631

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, & Berger

5297 W. Copans Road

Margate, FL 33063

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

Matthew Zifrony, Esq. c/o Tripp Scott

110 SE 6th Street, Suite 1500

P.O. Box NOT acceptable

Ft. Lauderdale, FL 33301

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

Roger Gosselin

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

5/12/14
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

CR2B045 (03/12)

14 MAY 23 PM 2:55

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA