

N30232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 27 PM 3:45

SEP 30 2013

T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tamarac Gardens Condominium 5  
Name of Corporation

**DOCUMENT NUMBER:** N30232

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 954 792-6000 ext. 2852  
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

September 13, 2013

LISA BARNETT  
CASTLE GROUP  
12270 SW ERD ST STE 200  
PLANTATION, FL 33325

SUBJECT: TAMARAC GARDENS CONDOMINIUM NO. 5 ASSOCIATION, INC.  
Ref. Number: N30232

We have received your document for TAMARAC GARDENS CONDOMINIUM NO. 5 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.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 713A00021591

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 \_\_\_\_\_ 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 No. 5 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: 1/18/1989 Document number: N30232

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)

Law offices of Katzman & Korr  
1501 NW 49th St #202  
Ft. Lauderdale, FL 33309

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.

Milton Carp  
Signature of an officer or director

Milton Carp

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]  
Signature of Registered Agent

8/21/13  
Date

\_\_\_\_\_  
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

CR2E045 (03/12)

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DIVISION OF CORPORATIONS

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