

N40847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

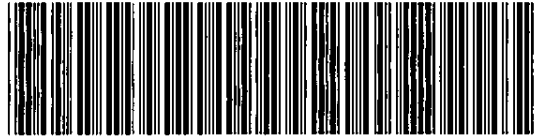
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RA
Change

03/19/09--01014--006 **35.00

2009 APR -7 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AOR
4/2/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LaCosta Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N40847

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:

Andrea Giannetto CAM
(Name of Contact Person)

Grand Palms HOA
(Firm/Company)

15805 SW 11 Street
(Address)

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

For further information concerning this matter, please call:

Andrea Giannetto at (954) 431-2835
(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

March 23, 2009

Andrea Giannetto, CAM
Grand Palms HOA, Inc.
15805 SW 11 Street
Pembroke Pines, FL 33027

SUBJECT: LA COSTA ASSOCIATION, INC.
Ref. Number: N40847

We have received your document for LA COSTA 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 registered agent needs to sign the form in the space provided at the bottom of the page.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 409A00009660

RECEIVED
2009 APR -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: LaCosta Association, INC.
2. The principal office address: 15805 SW 11 Street
Pembroke Pines FL 33027
3. The mailing address (if different): same
4. Date of incorporation/qualification: 4/15/97 Document number: N4084
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)

Nachman, Irvin
4111 Stirling Road
Fort Lauderdale, FL 33314

address
only needs
to be
changed

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

Nachman, Irvin
4441 Stirling Road
Fort Lauderdale, FL 33314
(P.O. Box NOT acceptable)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 APR -7 PM 4:03

FILED

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)

(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)

3/30/09
(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
CR2E045 (8/05)