

N 45814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

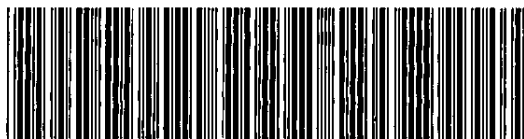
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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R.A.

TB

4/8/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Enclave at Grand Palms Association,  
(Name of Corporation) INC.

**DOCUMENT NUMBER:** N45814

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 33028  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Giannetto at 954, 4312835  
(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 18, 2009

ANDREA GIANNETTO, CAM  
15805 SW 11 STREET  
PEMBROKE PINES, FL 33027

SUBJECT: THE ENCLAVE AT GRAND PALMS ASSOCIATION, INC.  
Ref. Number: N45814

We have received your document for THE ENCLAVE AT GRAND PALMS 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 signature is required.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 609A00009169

**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: The Enclave at Grand Palms 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: 10/02/1995 Document number: N 43814  
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

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

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

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)

3/27/09  
(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)

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2009 APR -7 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
address only needs to be changed