

N48371

LAW OFFICES

SIEGFRIED, RIVERA, LERNER,  
DE LA TORRE & SOBEL, P.A.

201 ALHAMBRA CIRCLE | SUITE 1102 | CORAL GABLES, FLORIDA 33134

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

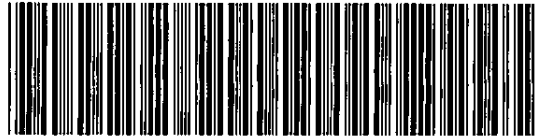
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
08 NOV 24 PM 1:11

T. Roberts NOV 25 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2008

LAW OFFICES SIEGFRIED, RIVERA LERNER  
DE LA TORRE & SOBEL, P.A.  
201 ALHAMBRA CIR STE 1102  
CORAL GABLES, FL 33134

SUBJECT: DORAL HOUSE CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N48371

We have received your document for DORAL HOUSE CONDOMINIUM 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.

Please correct date of incorporation.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 708A00057155

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NOV 24 AM 11:00  
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: DORAL HOUSE CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: c/o COURTESY PROPERTY MANAGEMENET  
13250 SW 135 AVENUE, MIAMI, FL 33186

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/15/1992 Document number: N48371

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

STEVEN FEIN

900 S.W. 40th AVENUE

PLANTATION, FL 33317

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

SKRLD, INC.

201 ALHAMBRA CIRCLE, SUITE 1102

(P.O. Box or personal mailbox NOT acceptable)

CORAL GABLES, FL 33134

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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)

VICE-PRESIDENT  
(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)

11/20/08  
(Date)

If signing on behalf of an entity:

LISA LERNER

(Typed or Printed Name)

SECRETARY

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314