

N94000002103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

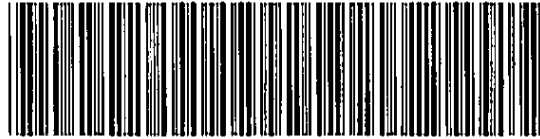
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500322210415

12/27/18--01024--025 ••35.00

FILED
2019 JAN 28 AM 9:45
COURT CLERK

R A/R O/CHS

JAN 29 2019
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Old Cutler Glen Homeowners' Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N94000002103

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:

David D. Iglesias, Esq.

Name of Contact Person

Iglesias Law Group, P.A.

Firm/Company

15800 Pines Blvd, Suite 303

Address

Pembroke Pines, FL 33027

City/State and Zip Code

david@ilegalgroup.com

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

For further information concerning this matter, please call:

David D. Iglesias, Esq.

Name of Contact Person

954 362-5222

at () 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

January 7, 2019

DAVID D. IGLESIAS
IGESIAS LAW GROUP, P.A.
15800 PINES BOULEVARD - STE. 303
PEMBROKE PINES, FL 33027

SUBJECT: OLD CUTLER GLEN HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N94000002103

We have received your document for OLD CUTLER GLEN HOMEOWNERS' 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 919A00000437

RECEIVED

2019 JAN 28 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FL

**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: Old Cutler Glen Homeowners' Association, Inc.
2. The principal office address: Iglesias Law Group, P.A.
15800 Pines Blvd, Suite 303, Pembroke Pines, FL 33027
3. The mailing address (if different): Bona Fide Management
P.O. BOX 521458 Miami, FL 33152
4. Date of incorporation/qualification: 04/25/1994 Document number: N94000002103
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)
Pestcoe & Iglesias, a Partnership of P.A.'s
2500 Weston Road, Suite 209
Weston, FL 33331
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Iglesias Law Group, P.A.
15800 Pines Blvd, Suite 303
P.O. Box NOT acceptable
Pembroke Pines, FL 33027

FILED
2019 JAN 28 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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

MAGDALEN NISB
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

12/19/18
Date

If signing on behalf of an entity:

David D. Iglesias, Esq.
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)