N95000004897

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(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Ru	siness Entity Name	a)	
(50	Siness Emily Name	<u>-,</u>	
(Do	cument Number)		
Certified Copies	Certified Copies Certificates of Status		
Special Instructions to	Filina Officer:		
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: San Mateo North Condominium Association Name of Corporation			
DOCUMENT NUMBER: N95000004897			
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:			
Teresa Llauger Name of Contact Person			
Name of Contact Person			
Torra Association Management Service			
Terra Association Management Service Firm/Company			
2189 West 60 Street Suite 201,			
Address			
Hialeah FL 33016 City/State and Zip Code			
terrasrv@aol.com E-mail address: (to be used for future annual report notification)			
E-man address. (to be used for future annual report normeation)			
For further information concerning this matter, please call:			
Teresa Llauger at (305) 826-6606 Name of Contact Person Area Code & Daytime Telephone Number			
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 Street Address: Amendment Section			
Amendment Section Amendment Section Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2010

TERESA LLAUGER
TERRA ASSOCIATION MANAGEMENT SERVICE
2189 WEST 60 STREET - SUITE 201
HIALEAH, FL 33016

SUBJECT: SAN MATEO NORTH CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N95000004897

We have received your document for SAN MATEO NORTH 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 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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 510A00012602



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: San Mateo North Condominium Association	
2. The principal office address: 2189 West 60 Street Suite 201	
3. The mailing address (if different): same	
4. Date of incorporation/qualification: 10-13-1995 Document number: N9500004897	
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)	
Terra Association Management Services	
7600 West 20 Ave Suite 217	
Hialeah FL 33016	3S
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Terra Association Management Services	CRE TAR
Terra Association Management Services	10 Q
2109 West 00 Street Suite 201	STA STA
P.O. Box NOT acceptable Hialeah FL 33016	Dr
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.	t ,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or he corporation has been notified in writing of the change.	
Signature of an officer of 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 the 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.	ce is e
feren Ljauger. 05-07-2010	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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