

N99000007131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

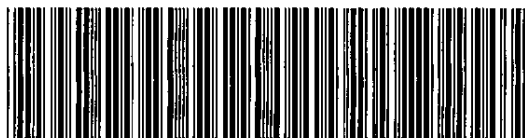
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature and date: 6/1/09*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Desmar Town Homes Condo Assoc.  
Name of Corporation

DOCUMENT NUMBER: N99000007131.

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:

Alfonso Barrera  
Name of Contact Person

Desmar Town Homes Condo Assoc.  
Firm/Company

934 N. University Dr #418  
Address

Coral Springs, FL 33071  
City/State and Zip Code

Desmartownhomes@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfonso Barrera at 954, 854-3390  
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

# 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: Desmar Townhomes Condominium Association, Inc.
2. The principal office address: 2330 Coral Springs Dr. Coral Springs, FL 33065
3. The mailing address (if different): 934 N. University Dr. Coral Springs, FL 33071
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N99000007131

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)

Ruben Rodriguez  
2330 Coral Springs Dr  
Coral Springs, FL 33065

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

Alfonso Barrera  
934 N. University Dr #418  
Coral Springs, FL 33071

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]  
 Signature of an officer or director

Alfonso Barrera, 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]  
 Signature of Registered Agent

June 8, 2004  
 Date

If signing on behalf of an entity:

Alfonso Barrera  
 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

CR2F045 (8/05)