

725666

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Desoto Park Condo

DOCUMENT NUMBER: 725666

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathy Impiazzo - Pres  
(Name of Contact Person)

Desoto Park Condo  
(Firm/ Company)

751 THREE Islands Blvd  
(Address)

Hallandale, FL 33009  
(City/ State and Zip Code)

desotoParks@earthlink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria Jones at ( 950 ) 456-0675  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

DeSoto Park Condominium Association Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

725666

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_ (Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

✓  
\_\_\_\_\_  
Signature of New Registered Agent, if changing

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11 APR 25 PM 12:49

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Sec	Alice Fuss	2000 Atlantic Shores Blvd #203 Hallandale, Fla 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
BM	Stanley Lichlinsten	2000 Atlantic Shores Blvd #211 Hallandale, Fl 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

(Sec-) Helene Ciforelli 851 Three Islands Blvd #507  
Hallandale, Fl 33009

(BM) Maria McGlohn - 701 Three Islands Blvd  
#116, Hallandale, Fl 33009

(BM) Shirley Wlantik 601 Three Islands Blvd  
#203 Wlantik Hallandale Fl 33009

The date of each amendment(s) adoption: \_\_\_\_\_

Effective date if applicable: 4/1/11 (date of adoption is required)  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 4/18/11

Signature Max Levine U.P.  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Max Levine  
(Typed or printed name of person signing)

Vice Pres.  
(Title of person signing)