# 731710

(Re	questor's Name)				
(Ad	dress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
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Roberts SEP 13 2010



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 3, 2010

KRISTINE KLEMETSMO LUXE PROPERTY SERVICES, INC. 685 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441

SUBJECT: VIZCAYA GARDENS CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 731710

We have received your document for VIZCAYA GARDENS 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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: 810A00021122

# COVER LETTER

TO:	Amendm Division	ent Section of Corporations				
SUBJ	ECT:	Vizcaya Garc	lens Condom Name of C	ninium A	Association, I	nc
DOC	UMENT N	UMBER:		731710	<u>)                                    </u>	
The e	nclosed Sta	tement of Change of	of Registered Offic	ce/Agent a	nd fee are submitt	ed for filing.
Please	return all	correspondence con	cerning this matte	r to the fo	llowing:	
			Kristine K			
			LUXE Propert	v Servic	ee Inc	
				ompany		
			685 E Hill	sboro Bl	vd	
			Ado	iress		
	•	•				
			Deerfield Bea	ach, FL 3	33441	
			City/State a	ind Zip Co	ode	
		kri	is@LUXEProp	ertvservi	ces com	
					nual report notifi	cation)
For fu	rther infor	mation concerning t	his matter, please	call:		
		Kris Klemetsm		at (	954	418-6650
	N	ame of Contact Per	son	Aı	ea Code & Daytir	418-6650 ne Telephone Number
Enclo	sed is a \$35	5.00 check made pa	yable to the Depa	rtment of	State.	
		Mailing Ad Amendmen Division o P.O. Box 6	nt Section f Corporations		Street Address: Amendment Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations ng e Center Circle

TO:

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	PRPORATION:	i Izcaza	Gardens	Condami	num Association
DOCUMENT	NUMBER: <u>731</u>	110			
The enclosed A	rticles of Amendment and t	fee are submitt	ed for filing.		
Please return all	correspondence concernin	g this matter to	o the following:		
	Kri	Stine Kli	emetsmo		<u> </u>
	LUNE Propert	<b>(</b>	.1		
	685. E H	Ulsboro (Add	BIW.		<del></del>
	Deer Field	Beack (City/ State as	h, 12 33	441	
-	KVIS C LUXE Pro	opertyse (To be used to	TVICES : Com r future annual repo	ort notification	1)
For further info	rmation concerning this ma	tter, please ca	11:		
	e Klemet Smo Name of Contact Person)		at ( 954 )_ (Area Code	418-64 & Daytime T	Selephone Number)
Enclosed is a ch	neck for the following amou	ınt made paya	ble to the Florida D	epartment of	State:
1 \$35 Filling Fo breviously Sent	ee \$43.75 Filing F Certificate of State		\$43.75 Filing Fe Certified Copy (Additional copy is enclosed)	i	□ \$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		Clifton Buil	Section Corporations	

Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles of Incorporation

Mazania Ca	of days ()		Ican too Inc
(Name of Corporation as curre	ntly filed with t	nanmin IVM /	Issociation, Inc
—12) TIO	iitiy iiieu witii t	ne Piorida Dept. of Sta	<u>(1C)</u>
(Document Num	her of Corporati	on (if known)	
(Boedment Num	oci oi corporati	on (n known)	
Pursuant to the provisions of section 617.1006, I the following amendment(s) to its Articles of Inc.		this Florida Not For Pa	rofit Corporation adopts
A. If amending name, enter the new name of	the corporation	<u>ı:</u> .	
V	1 la		
The new name must be distinguishable and co	ntain the word	"corporation" or "ince	orporated" or the
abbreviation "Corp." or "Inc." "Company" or	"Co." may not	be used in the name.	
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET		<u>n</u> a	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX)	n[a	SEULHASSEE FLORIDA
D. If amending the registered agent and/or renew registered agent and/or the new regis			er the name of the
new registered agent and/or the new regis	h A	11 055.	
Name of New Registered Agent:	<u>ma</u>	<del></del>	_
New Registered Office Address:	(Flori	da 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

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>	Name II Oli	Address	Type of Action
Drectur	Johns Kennelly	085 E. Hillsboro Blud Deerfield Beach, Fi 3344	Add Remove
Drector	<u> <u>Hichael</u> D'Connor</u>	085 E. Hillsbord Blut Deer Reld. Beach, Fr 33441	☑ <u>Add</u> Remove
Director	Bruce Weis	085 E. Hillsborn Blud Deerfield Beach, FZ 33441	☐ Add ☑ Remove
Director E. If amendin	Angelee Ebbitt g or adding additional Articles, enter c tional sheets, if necessary). (Be specific	685 E. Hillsboro Blud, D hange(s) here: 33441	eerficid Beach, Fi
-			
		0	<u></u>
			•
			•
		c	
		,	<u> </u>

The date of each amendment(s	) adoption:	aug 12,	2010
		ndoption is requir	ed)
Effective date <u>if applicable</u> : _			
	(no more than 90 da	iys after amendme	ent file date)
	(CUBCIL OND)	v	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	•	
. he amendment(s) was/were was/were sufficient for appro			votes cast for the amendment(s)
There are no members or me adopted by the board of directions.		e amendment(s).	The amendment(s) was/were
	1	•	
Dated	Aug 30, 2010	<u> </u>	
Signature	n S6		
			resident or other officer-if directors the hands of a receiver, trustee, o
other	court appointed fiduciary b	y that fiduciary)	
	Jennifer (Typed or printe	Sheridan ed name of person	signing)
	President	dent_	
	(Title of p	erson signing)	

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