# N05000008707

- Line and the second s
Murano of Delray Beach 15005 Michelangelo Boulevard Delray Beach, FL 33446
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<b>,</b>
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**EXAMINER** 

## Murano of Delray Beach Condominium Association Inc.

December 29, 2010

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Articles of Amendment - Updated Board

Dear Sir or Madam:

Enclosed please find the articles of amendment along with the \$35.00 filing fee for Murano of Delray Beach (N05000008707).

Please contact me if you have any questions or concerns at 561-496-0062.

Thank you,

Bonnie Platti, CAM Property Manager

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MUCANO C	of Delray Beach Co	ndo Association, Inc.
DOCUMENT NUMBER: NOS 0000	08707	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Bonnie Pla (Name of	Contact Person)	<del></del>
Murano of Delray B	each Condo Assoc	c, Inc.
15005 Michelan	agelo Blud ddress)	<del></del>
De Iray Beach, FL (City/State	33446 e and Zip Code)	
bplatti @ condominium E-mail address: (to be used	for future annual report notification	on)
For further information concerning this matter, please	call:	
Bonnie Platti (Name of Contact Person)	at (50) 496- (Area Code & Daytime	
Enclosed is a check for the following amount made pa	yable to the Florida Department of	f State:
\$35 Filing Fee \$\sum \$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 C	ŕ

Tallahassee, FL 32301

### **Articles of Amendment** to Articles of Incorporation of

Murano of Delvay Beach Condo Association, che (Name of Corporation as currently filed with the Florida Dept. of State) NO5000008767

(Document Numb	er of Corporati	on (if known)	
Pursuant to the provisions of section 617.1006, F he following amendment(s) to its Articles of Inc.		this Florida Not For	Profit Corporation adopts
A. If amending name, enter the new name of t	the corporation	<u>n:</u>	
The new name must be distinguishable and consibbreviation "Corp." or "Inc." "Company" or			acorporated" or the
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>			
			and the fact of
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROY		1 JAN -3
(Muning daniess MATE BEAT TOST OF THE	<u> </u>		
			9:5
D. If amending the registered agent and/or registered agent and/or the new registered.	gistered office ered office ado	address <u>in</u> Florida, e Iress:	nter the name of the
Name of New Registered Agent:			_
New Registered Office Address:	(Flori	da street address)	
_	·	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered cosition.	Registered A agent. I am	<mark>gent:</mark> familiar with and acc	ept the obligations of the
Sig	nature of New	Registered Agent, if ch	nanging

# 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>	Address	Type of Action
Secretary! Theasurer	John Day	209-21 26 MAUE #31 Bayside, MY 11360	☐ Add ☐ Remove
VP	Rocky Brino	29 Bay Brok Load Brampton Ontario Canada LTAIMI	_ □ Add □ Remove
			☐ Add ☐ Remove
(attach addi	g or adding additional Articles, enter tional sheets, if necessary). (Be specif		
			·

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>	al Address Healthcare	Type of Actio
cretary i treasurem	Name Dominique Mondesir Paul Elliott	15185 MichelangeloB	lyd D Add
	0	Apt 105	Remove
1/0		Delray beach, FL	_
<u>VE</u>	Paul Elliott	ABG Syndal Gollier RE	Add
		535 Madun Avenue	
		1111111001 104 104	<b>≥</b> Ø
<del></del>			_ □ Add □ Remove
			_ L_ Kemove
	ing or adding additional Articles, ente		
(attach add	ditional sheets, if necessary). (Be spe	cific)	
<u> </u>	<del></del>		<del></del>
,			<u> </u>
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The date of each amendment(s) add	option: 12 22 10
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after dmendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)
There are no members or membe adopted by the board of directors.	ers entitled to vote on the amendment(s). The amendment(s) was/were
Signature (By the ch	2/22/10  dairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President
	(Title of person signing)