

N06000000248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 11 AM 8:35

Amend
C.COULLIETTE

AUG 11 2010

EXAMINER

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: THE SPA AT SUNSET ISLES CONDO ASSOC, INC.

DOCUMENT NUMBER: N06000000248

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

Please return all correspondence concerning this matter to the following:

LOUIS FRANGOS

Name of Contact Person

A&N MANAGEMENT

Firm/ Company

902 CLINT MOORE RD, #110

Address

BOCA RATON, FL. 33487

City/ State and Zip Code

LFRANGOS@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS FRANGOS

Name of Contact Person:

at (561)

715-1205

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



JUL 12 2010

LOU

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2010

LOUIS FRANGOS
A&N MANAGEMENT
902 CLINT MOORE RD #110
BOCA RATON, FL 33487

SUBJECT: THE SPA AT SUNSET ISLES CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000000248

We have received your document for THE SPA AT SUNSET ISLES CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

You need to send the complete application, on this application you submitted even though it was teh wrong one, did'nt have the signature page included.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 510A00016555

RECEIVED
2010 AUG 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Spa at Sunset Isles Condominium Association, Inc.

DOCUMENT NUMBER: N06000000248

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

Please return all correspondence concerning this matter to the following:

LOUIS FRANGOS

(Name of Contact Person)

A&N MANAGEMENT

(Firm/ Company)

902 CLINT MOORE RD, #110

(Address)

BOCA RATON, FL. 33487

(City/ State and Zip Code)

LFRANGOS@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS FRANGOS

(Name of Contact Person)

at (561) 715-1205

(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

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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

The Spa at Sunset Isles Condominium Association, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

N06000000248

(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:

LOUIS FRANGOS

10380 FOX TRAIL RD.

New Registered Office Address:

(Florida street address)

WEST PALM BEACH, Florida

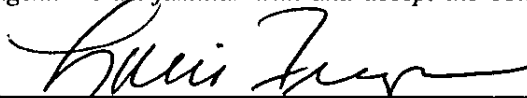
33414

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 11 AM 8:35

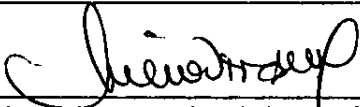
The date of each amendment(s) adoption: MAY 20, 2010
(date of adoption is required)

Effective date if applicable: _____
(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 JULY 13, 2010

Signature  _____

(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)

LIENER VIVAS
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)