

N05000008997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2019 SEP -6 PM 2:29  
SEC. TALLAHASSEE, FL

SEP 06 2019  
C. K...



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2019

JAY MOSKOWTIZ  
8681 HAWKWOOD BAY DR  
BOYNTON BEACH, FL 33473-7822

SUBJECT: CANYON SPRINGS HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N05000008997

We have received your document for CANYON SPRINGS HOMEOWNERS 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 **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) 245-6050.

Catherine M Wood  
Regulatory Specialist II

Letter Number: 819A00017631

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2019 SEP - 6 PM 1:18

SEC  
11

Articles of Amendment  
to  
Articles of Incorporation  
of

CANYON SPRINGS HOMEOWNERS ASSOCIATION, INC.

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

N05000008997

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**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

(Florida street address)

New Registered Office Address:

(City)

Florida

(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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☐ Add      SV      Sally Smith

| Type of Action<br>(Check One)                 | Title    | Name                    | Address                        |
|-----------------------------------------------|----------|-------------------------|--------------------------------|
| 1) <input checked="" type="checkbox"/> Change | <u>P</u> | <u>STAAL, MICHAEL</u>   | <u>8665 MALEAR PALM DRIVE</u>  |
| <input type="checkbox"/> Add                  |          |                         | <u>BOYNTON BEACH, FL 33473</u> |
| <input type="checkbox"/> Remove               |          |                         |                                |
| 2) <input checked="" type="checkbox"/> Change | <u>V</u> | <u>KYRIAKOS, DAVID</u>  | <u>8665 MALEAR PALM DRIVE</u>  |
| <input type="checkbox"/> Add                  |          |                         | <u>BOYNTON BEACH, FL 33473</u> |
| <input type="checkbox"/> Remove               |          |                         |                                |
| 3) <input checked="" type="checkbox"/> Change | <u>D</u> | <u>HARRIS, GILBERT</u>  | <u>8665 MALEAR PALM DRIVE</u>  |
| <input type="checkbox"/> Add                  |          |                         | <u>BOYNTON BEACH, FL 33473</u> |
| <input type="checkbox"/> Remove               |          |                         |                                |
| 4) <input checked="" type="checkbox"/> Change | <u>D</u> | <u>SAMBATARO, FRANK</u> | <u>8665 MALEAR PALM DRIVE</u>  |
| <input type="checkbox"/> Add                  |          |                         | <u>BOYNTON BEACH, FL 33473</u> |
| <input type="checkbox"/> Remove               |          |                         |                                |
| 5) <input checked="" type="checkbox"/> Change | <u>S</u> | <u>MOSKOWITZ, JAY</u>   | <u>8665 MALEAR PALM DRIVE</u>  |
| <input type="checkbox"/> Add                  |          |                         | <u>BOYNTON BEACH, FL 33473</u> |
| <input type="checkbox"/> Remove               |          |                         |                                |
| 6) <input type="checkbox"/> Change            |          |                         |                                |
| <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)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)"

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 8/31/19

Signature Jay Moskowitz  
(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)

JAY MOSKOWITZ  
(Typed or printed name of person signing)

SECRETARY - CANYON SPRINGS HOMEOWNERS ASSOCIATION  
(Title of person signing)

7 DIRECTOR