

N08000005346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

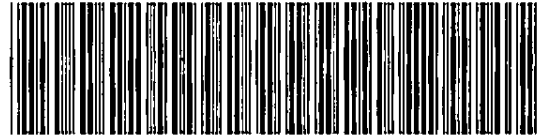
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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3-20-21
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2021 Apr 3 - 3 PM 1:32

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2021

MARIA ELENA NEGRIN
5601 COLLINS AVE SUITE CU-8
MIAMI BEACH, FL 33140

SUBJECT: VILLA ALHAMBRA OF CORAL GABLES CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N08000005346

We have received your document 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 form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 321A00005860

RECEIVED

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SECRETARY OF STATE
TALLANT@DOCS.FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VILLA ALHAMBRA OF CORAL GABLES CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N08000005346

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

Please return all correspondence concerning this matter to the following:

INNS, DANIEL ANEURIN

(Name of Contact Person)

VILLA ALHAMBRA OF CORAL GABLES CONDOMINIUM ASSOCIATION, INC.

(Firm/ Company)

5601 COLLINS AVE SUITE CU-8

(Address)

MIAMI BEACH, FL 33140

(City/ State and Zip Code)

galianopm@gmail.com

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

For further information concerning this matter, please call:

3058642423 3058642423

at

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Villa Alhambra of Coral Gables Condominium Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>INNS, DANIEL A</u>	
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>FOSTER,STEPHEN M</u>	
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DIR</u>	<u>RUA, MARIA V</u>	
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>MANDADO, ALEXANDRA V</u>	<u>50 ALHAMBRA CIRCLE #104</u> <u>CORAL GABLES FL33134</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	

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

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

☐ 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 03/25/2021 _____

Signature DANIEL INNS
(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)

DANIEL A INNS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)