1

708344

(Requestor's Name)
(Address)
(Address)
(133,733)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2003
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600214729016

12/02/11--01005--002 **35.00

PILED

2011 DEC -2 MIII: 12

SEURETARY OF STATE

Amend
TBrawn 12-2-1/

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Ocean Summit Association
DOCUMENT NUMBER: 768344
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Stevens 7 Goldwyn, P.A. (Firm/Company)
2 South University Prive # 315
Plantation FL 33324 (City/State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 4/58 9393 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Octan Summit Associated (Name of Corporation as currently		minium Associ
7083	,44	
(Document Number of Corporate	ation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute following amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corpo	ration adopts the
A. If amending name, enter the new name of the corporat	ion:	
The new name must be distinguishable and contain the word "Corp." or "Inc." "Company" or "Co," may not be used in		he abbreviation
B. Enter new principal office address, if applicable:		720
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		FRET
•		三 こ
		- SE - N
C. Enter new mailing address, if applicable:	•	那会是一
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	•	2
		<u> </u>
D. If amending the registered agent and/or registered office		e of the
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent:		
•		
New Registered Office Address:	(Florida street address)	
New Registered Office Address.		
<u>·</u>	, Florida _	(C) (C) (1)
	(City).	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations	of the position.
<u> </u>		
Signature of New Regist	ered Agent, if changing	

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officers/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>	Address
<u>(1)</u>	Seamon Ellen	4010 Galt Occup Dr. #1103 Ft. Landerdale, FL 3330+
2) 1 0	Saaf, Michael	4010 Gult Ocean Dr # 1415 Et. Landerdale, F1 33308
3) Sc (.	Deal, Michael	4010 Galt Occumps # 515 Et Lauder Dele , FL 3330+
4)	Bruno, Mortha	4010 Galt Ocean Dr #1003 Ft. Landerdale, FL33308
5)	Pyatt, Everett	4010 Galt Ocean Dr. #802 Ft. Landerdale, Fr. 33308
<u></u>	Comis, Jamo	4010 Galt Occombor Ft. Lu-derdale, FL 33308
If REMOVING an removed:	officer and/or director, please list the	title(s) and name of the officer/director to be
Title(s)	Name Title(s	s) Name
1) 1	Weiterman Lung a	2.100,000
2)	Patricia Thomas 5)	
3)	6	

(attach additional sheets, if necessary). (Be specific)	
Please add	
Director Burak, Elliot	40106th Ocean Drive # 1614 Ft. Landerdale, FL 33308
	# 1614
· · · · · · · · · · · · · · · · · · ·	Ft. Landerdele, FL 33308
D) to Double	11212 Gallerando
PD Doug Dawson	4010 9a 17 Ocean VI An. 204
	4010 Galt Ocean Dr Ap. 204 Ft. Lauderdaly H. 33308
D Pierre Farreau	4010 Galf Ocean Dr Apt. 1110 Ft. Lauderdale, Fl 33308
	14pt. 1110
	Pt. Lauderdale, PC 2508

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

	The date of each amendment	(s) adoption: (date of adaption- required)
Di	Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	Adoption of Amendment(s)	(CHECK ONE)
(m)	The amendment(s) was/wer was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
#	There are no members or madopted by the board of dire	nembers entitled to vote on the amendment(s). The amendment(s) was/were actors.
	A hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) Typed or printed name of person signing)
		(Title of person signing)