

710238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

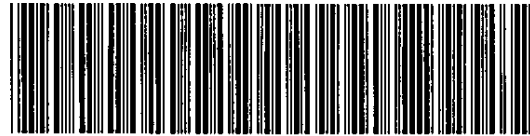
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 20 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2013

ANDRE REUTER / THE ST REGIS APARTMENTS ASSOCIATION INC
9500 W BAY HARBOR DRIVE
ATTN: OFFICE
BAY HARBOR ISLANDS, FL 33154

SUBJECT: THE ST. REGIS APARTMENTS ASSOCIATION, INC.
Ref. Number: 710238

We have received your document for THE ST. REGIS APARTMENTS 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 013A00018784

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **THE ST. REGIS APARTMENTS ASSOCIATION INC**

DOCUMENT NUMBER: **710238**

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

Please return all correspondence concerning this matter to the following:

ANDRE REUTER

(Name of Contact Person)

THE ST. REGIS APARTMENTS ASSOCIATION INC

(Firm/ Company)

9500 WEST BAY HARBOR DRIVE, ATT: OFFICE

(Address)

BAY HARBOR ISLANDS, FLORIDA, 33154

(City/ State and Zip Code)

REUTERANDRE@AOL.COM

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

For further information concerning this matter, please call:

ANDRE REUTER

(Name of Contact Person)

at **(917) 532 3875**

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RECEIVED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 1, 2013

**FLORIDA DEPARTMENT OF STATE AMENDMENT
DEPARTMENT/AMENDMENT SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

**Subject: Filling change on Register Agent for THE ST. REGIS APARTMENT
ASSOCIATION INC. send on July 16, 2013**

We are very sorry for the mistake on our side, since we did not know that our building could not be registering agent, correction has been made, and hereby we thank you very much.

Appreciate your help and consideration,

A handwritten signature in black ink, appearing to read 'Andre Reuter', is written over a large, faint, stylized 'S' or 'R' watermark.

**Andre Reuter
For The Board of Directors
The St. Regis Apartment Association Inc.**

COVER LETTER

TO: Amendment Section
Division of Corporations

THE ST. REGIS APARTMENTS ASSOCIATION, INC.

NAME OF CORPORATION: _____

710238

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

ANDRE REUTER

(Name of Contact Person)

ST. REGIS APARTMENTS ASSOCIATION INC

(Firm/ Company)

9500 WEST BAY HARBOR DRIVE APT. 7F

(Address)

BAY HARBOR ISLANDS, FLORIDA, 33154

(City/ State and Zip Code)

REUTERANDRE@AOL.COM

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

For further information concerning this matter, please call:

ANDRE REUTER

917

532-3875

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 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

The St. Regis Apartments Association Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

710238

(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)

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TALLAHASSEE, FLORIDA

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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:

ANDRE REUTER

9500 W. BAY HARBOR DRIVE APT. 7F

(Florida street address)

New Registered Office Address:

BAY HARBOR ISLANDS

33154

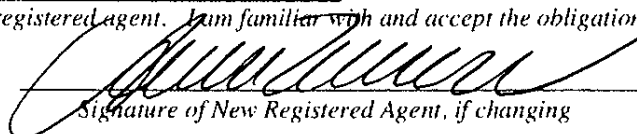
Florida

(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

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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 type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: JULY, 16, 2013 if other than the date this document was signed.

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 AUGUST 12, 2013

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)

ANDRE REUTER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA