

717776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

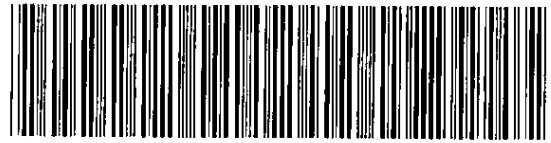
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400434623534

Amend

08/12/24--01038--013 **35.00

2024 AUG 12 PM 12 45
STATE OF ARIZONA
SECRETARY OF STATE

FILED

AUG 19 2024

A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Cedar Point Village No. 6 Association, Inc.

DOCUMENT NUMBER: 717776

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

Please return all correspondence concerning this matter to the following:

Terry Jamison
(Name of Contact Person)

Cedar Point Village 6
(Firm/ Company)

2929 Se Ocean Blvd., Clubhouse 6
(Address)

Stuart, FL 34996
(City/ State and Zip Code)

Cedarpointv6@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry Jamison at 772 288-2330
(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

Articles of Amendment
to
Articles of Incorporation
of

FILED

Cedar Pointe Village NO. 6 Association, Inc. 2024 AUG 28 PM 12 45
(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

717776

(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:

N/A

_____ 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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:

N/A

(Florida street address)

New Registered Office Address:

(City)

_____, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

N/A

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>T</u>	<u>Joseph Endress</u>	<u>2929 Se Ocean Blvd</u> <u>Clubhouse 6</u>
<input checked="" type="checkbox"/> Remove			<u>Stuart, FL 34996</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>PT</u>	<u>Charles Duffy</u>	<u>2929 Se Ocean Blvd.</u> <u>Clubhouse 6</u>
<input type="checkbox"/> Remove			<u>Stuart, FL 34996</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Daniel Finwall</u>	<u>2929 Se Ocean Blvd</u> <u>Clubhouse 6</u> <u>Stuart, FL 34996</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>James Graziosi</u>	<u>2929 Se Ocean Blvd</u> <u>Clubhouse 6</u> <u>Stuart, FL 34996</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Isabelle Trivigno</u>	<u>2929 Se Ocean Blvd</u> <u>Clubhouse 6</u> <u>Stuart, FL 34996</u>
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)

N/A

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

Effective date if applicable: N/A
(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 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 8/2/24

Signature *Charles Duffy*

(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)

CHARLES DUFFY
(Typed or printed name of person signing)

President
(Title of person signing)

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717776

Entity Name: CEDAR POINTE VILLAGE NO. 6 ASSOCIATION, INC.

Current Principal Place of Business:

2929 S.E. OCEAN BLVD.
CLUBHOUSE 6
STUART, FL 34996-2896

FILED
Feb 07, 2024
Secretary of State
9685684797CC

Current Mailing Address:

CEDAR POINTE VILLAGE 6
2929 SE OCEAN BLVD. CLUBHOUSE 6
STUART, FL 34996 US

FEI Number: 59-1380035

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS, EARLE & BONAN, P.A.
789 S. FEDERAL HWY
SUITE #101
STUART, FL 34994 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEBORAH ROSS

02/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY *ok*
Name WARRICK, BETTY
Address CEDAR POINTE VILLAGE 6
2929 SE OCEAN BLVD CLUBHOUSE 6
City-State-Zip: STUART FL 34996

Title PRESIDENT *dt*
Name DUFFY, CHARLES
Address 2929 S.E. OCEAN BLVD.
CLUBHOUSE 6
City-State-Zip: STUART FL 34996-2896

~~Title TREASURER~~
~~Name ENDRESS, JOSEPH~~
~~Address 2929 SE OCEAN BLVD~~
~~CLUBHOUSE 6~~
~~City-State-Zip: STUART FL 34996~~

Title DIRECTOR *ok*
Name SHAUGHNESSY, CHARLES
Address 2929 SE OCEAN BLVD
CLUBHOUSE 6
City-State-Zip: STUART FL 34996

ok
Title DIRECTOR
Name EZZO, DEBBIE VILLAGE
Address 2929 SE OCEAN BLVD
CLUBHOUSE 6
City-State-Zip: STUART FL 34996

*Add Directors: Daniel Finwall
James Graziosi
Isabelle Trivigno*

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE: DEBORAH ROSS

02/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name WARRICK, BETTY
Address CEDAR POINTE VILLAGE 6
2929 SE OCEAN BLVD CLUBHOUSE 6
City-State-Zip: STUART FL 34996

Title PRESIDENT
Name DUFFY, CHARLES
Address 2929 S.E. OCEAN BLVD.
CLUBHOUSE 6
City-State-Zip: STUART FL 34996-2896

Title TREASURER
Name ENDRESS, JOSEPH
Address 2929 SE OCEAN BLVD
CLUBHOUSE 6
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name SHAUGHNESSY, CHARLES
Address 2929 SE OCEAN BLVD
CLUBHOUSE 6
City-State-Zip: STUART FL 34996

Title DIRECTOR
Name EZZO, DEBBIE VILLAGE
Address 2929 SE OCEAN BLVD
CLUBHOUSE 6
City-State-Zip: STUART FL 34996

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BETTY WARRICK

SECRETARY

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date