

717849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

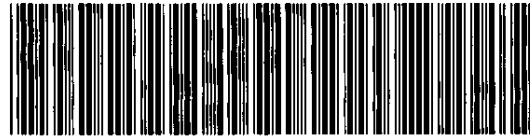
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/04/10--01008--001 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 OCT 25 AM 8:48

Amend
@ 10/25/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2010

CRESTVIEW TOWERS
2025 NE 164TH STREET
NORTH MIAMI BEACH, FL 33162

SUBJECT: CRESTVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 717849

We have received your document for CRESTVIEW TOWERS CONDOMINIUM 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):

You failed to make the correction(s) requested in our previous letter.

The new registered agent signature must be an original. Photo copies of signatures are not acceptable.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 510A00019873



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2010

CRESTVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.
2025 N.E. 164TH STREET
NORTH MIAMI BEACH, FL 33162

SUBJECT: CRESTVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 717849

We have received your document for CRESTVIEW TOWERS CONDOMINIUM 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):

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If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 710A00018825

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Crestview Towers Condominium Association, Inc.

DOCUMENT NUMBER: 717849

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

Please return all correspondence concerning this matter to the following:

Norman Axelman
(Name of Contact Person)

(Firm/ Company)

2025 NE 164 Street- Condo office
(Address)

N. Miami Beach, FL 33162
(City/ State and Zip Code)

crestview@bellouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norman Axelman at (305) 945-8004
(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: see attached letter

- | | | | |
|--|--|---|--|
| ☐ \$35 Filing Fee | ☐ \$43.75 Filing Fee &
Certificate of Status | ☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | ☐ \$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

Crestview Towers Condominium Association, INC.

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

717 849

(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)

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:

New Registered Office Address:

(Florida street address)

_____, 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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 OCT 25 AM 8:48

(Attach additional sheets, if necessary)

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

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

The date of each amendment(s) adoption: 10/18/10

(date of adoption is required)

Effective date if applicable: 10/18/10
(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 10/21/10

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)

Norman Axelmen
(Typed or printed name of person signing)

Treasurer
(Title of person signing)