

719123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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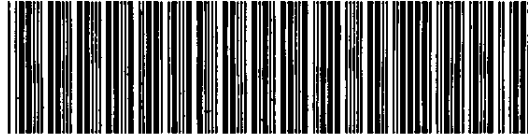
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATE  
2016 JUN 13 AM 10:17

JUN 20 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 26, 2016

CONNI GIBSON / C. GIBSON, CPA PA  
1500 GATEWAY BLVD. SUITE 220  
BOYNTON BEACH, FL 33426 US

SUBJECT: DELRAY DUNES FAIRWAY VILLAS, INC.  
Ref. Number: 719123

We have received your document for DELRAY DUNES FAIRWAY VILLAS, 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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: 816A00011186

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Delray Dunes Fairway Villas Inc.

**DOCUMENT NUMBER:** 719123

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

Please return all correspondence concerning this matter to the following:

Conni Gibson

(Name of Contact Person)

C. Gibson, CPA, PA

(Firm/ Company)

1500 Gateway Blvd, #220

(Address)

Boynton Beach, FL 33426

(City/ State and Zip Code)

connigibson@gmail.com

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

For further information concerning this matter, please call:

Conni Gibson

(Name of Contact Person)

561 739-7977

at (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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE

DELRAY DUNES FAIRWAY VILLAS INC.

2016 JUN 13 AM 10:47

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

719123

(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**)

1500 Gateway Blvd #220

Boynton Beach, FL 33426

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

1500 Gateway Blvd #220

Boynton Beach, FL 33426

**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:

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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:

<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 type="checkbox"/> Change	<u>T</u>	<u>Bob Moore</u>	<u>10 Fairway Drive</u>
<input type="checkbox"/> Add			<u>Boynton Beach, FL 33426</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>T</u>	<u>Henry Read</u>	<u>15 Fairway Drive</u>
<input checked="" type="checkbox"/> Add			<u>Boynton Beach, FL 33426</u>
<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			

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

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

1. What is the main purpose of the study?  
 The main purpose of the study is to investigate the effects of a new drug on the treatment of a specific condition.

2. What are the research objectives?  
 The research objectives are to determine the efficacy, safety, and side effects of the new drug compared to the standard treatment.

3. What is the study design?  
 The study design is a randomized, double-blind, controlled trial.

4. What are the inclusion and exclusion criteria?  
 Inclusion criteria: Adults aged 18-65 years, diagnosed with the condition, and not taking any other medications. Exclusion criteria: Pregnant or breastfeeding women, individuals with severe liver or kidney disease, and those allergic to the drug components.

5. What are the primary and secondary endpoints?  
 Primary endpoint: The percentage of patients achieving a significant improvement in symptoms. Secondary endpoints: Adverse effects, quality of life, and long-term safety.

6. What is the sample size and how was it determined?  
 The sample size is 100 patients, determined based on statistical power calculations to detect a 10% difference in efficacy between the groups.

7. What are the potential biases and how are they minimized?  
 Potential biases include selection bias, performance bias, and detection bias. These are minimized through randomization, blinding, and standardized outcome assessment.

8. What are the ethical considerations?  
 Ethical considerations include informed consent, confidentiality, and the safety of participants. The study has been approved by the Institutional Review Board.

9. What are the limitations of the study?  
 Limitations include the short duration of the study, the relatively small sample size, and the lack of long-term follow-up data.

10. What are the conclusions and future directions?  
 The study concludes that the new drug shows promising results in terms of efficacy and safety. Future directions include larger-scale trials and long-term monitoring.

719123

The date of each amendment(s) adoption: May 17, 2016, if other than the date this document was signed.

Effective date if applicable: May 17, 2016  
(no more than 90 days after amendment file date)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2016 JUN 13 AM 10:47

**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 June 10, 2016

Signature [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)

Sally J. Sperry  
(Typed or printed name of person signing)

President Fairway Villas, Inc.  
(Title of person signing)