721030

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION	Bonaventure Chatea	u Villas				
DOCUMENT NUMBER:	721030					
The enclosed Articles of Am	endment and fee are sub	mitted for filing.				
Please return all corresponde	nce concerning this matt	er to the following:				
Lenore Rosa						
		(Name of Contact Persor	1)			
Bonaventure Chateau Villas						
		(Firm/ Company)				
16511 Country Club Cresce	nt					
		(Address)				
Weston, FL 33326						
		(City/ State and Zip Code	e)			
rosa16511@bellsouth.net						
E	-mail address: (to be used	d for future annual report i	notification)		
For further information conc	erning this matter, please	call:				
Lenore Rosa		95- at	4	389-8360		
	(Name of Contact Person		ea Code)	(Daytime Tele	ephone Number)	
Enclosed is a check for the fo	ollowing amount made pa	ayable to the Florida Depa	ertment of S	State:		×
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi) Filing Fee cate of Status ed Copy ional Copy is sed)	L. Li	of 500
P.O. Box 6	nt Section f Corporations	Amend Divisio Clifton 2661 E	Address iment Section of Corpo Building executive C assee, FL 3	enter Circle	Park Mind	Wille Wille



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2016

LENORE ROSA / BONAVENTURE CHATEAU VILLAS OWNERS ASSOC 16511 COUNTRY CLUB CRESCENT WESTON, FL 33326 US

SUBJECT: BONAVENTURE CHATEAU VILLAS OWNERS ASSOCIATION, INC. Ref. Number: 721030

We have received your document for BONAVENTURE CHATEAU VILLAS OWNERS 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):

The amendment must be adopted in one of the following manners:

(1)If an amendment was approved by the shareholders, one of the following statements must be contained in the document.

(a)A statement that the number of votes cast for the amendment by the shareholders was sufficient for approval, -or-

(b)If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

(2)If an amendment was adopted by the incorporators or board of directors without shareholder action.

(a)A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

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

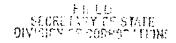
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 516A00006292

Articles of Amendment to



Articles of Incorporation

Bona venture Ch	or	Villas	DWNERS	455C
(Name of Corporation as cur	rently filed with the	e Florida Dept. of S		Tim
(Decument N			<u> </u>	JIC,
(Document N	umber of Corporation	i (ii known)		
ursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	ntutes, this <i>Florida N</i>	ot For Profit Corpo	eration adopts the following	
. If amending name, enter the new name of the corpo	oration:			
		·····	The new	
ame must be distinguishable and contain the word "corp Company" or "Co." may not be used in the name.	oration" or "incorp	orated" or the abbre	eviation "Corp." or "Inc."	
Enter new principal office address, if applicable:				
Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u>)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	·		
). If amending the registered agent and/or registered	office address in Fl	orida enter the nar	ne of the	
new registered agent and/or the new registered offi		orida, enter the mai	ac of the	
Name of New Registered Agent:				
		(Florida street addre	ess)	
New Registered Office Address:				
		··	, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registe				
hereby accept the appointment as registered agent. I a	n familiar with and o	accept the obligation	s of the position.	
	G: C21	Registered Agent if		

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: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n <u>Doe</u> ce <u>Jones</u> ly <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Judy Brownlee	16540 Country Club Crescent
Add			Weston, FL 33326
X Remove			A
2) X Change	<u>s</u>	Glenn Sime	16500 Country Club Crescent
Add			Weston, FL 33326
Remove			
3) Change	<u>P</u>	Glenn Sime	16500 Country Club Crescent
X Add			Weston, FL 33326
Remove			
4) Change	S	Christine Skinner	16530 Country Club Crescent
X Add			Weston, FL 33326
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional A (attach additional sheets, if necessary)	. (Be specific)				
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The date of each amendn	nent(s) adoption:	Brown J. B. L. L.	, if other than the
date this document was sig	ned.	Olympia as cope of thems	
Effective date <u>if applicab</u>	le: (no more than 90 de	lays after amendment file date 18 AM 9: 28	
		icable statutory filing requirements, this date will not	be listed as the
Adoption of Amendment	(s) (CHECKONE)		
The amendment(s) was/were sufficient for		d the number of votes cast for the amendment(s)	
There are no member adopted by the board Dated Signature		e amendment(s). The amendment(s) was/were	
(By	her court appointed fiduciary by that	Sime	
		grinted name of person signing) Side of (Title of person-signing)	