717544

(Req	uestor's Name)	
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Certified Copies	Certificates	s of Status
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Special Instructions to Fi	iling Officer:	

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		<u>COVER LETTE</u>	R	
TO: Amendment Section Division of Corporatio	ms			
NAME OF CORPORATE	Casa Del Sur Sout ON:	h Condominium Asso	ciation, Inc.	
DOCUMENT NUMBER:	727544			
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
Barbara Andersen				
		(Name of Contact Pe	rson)	******
		(Firm/ Company)	
2816 SE Fairway West				
		(Address)		· · · · · · · · ·
Stuart, FL 34997				
		(City/ State and Zip (Code)	
rwandba@bellsouth.net				
F	-mail address: (to be used	for future annual rep	ort notification	n)
For further information cone	cerning this matter, please	call:		
Barbara Andersen		at	772	341-1251
	(Name of Contact Person		(Area Code)	(Daytime Telephone Numbe
Enclosed is a check for the f	following amount made pa	yable to the Florida E	epartment of	State:
S35 Filing Fee	S43.75 Filing Fcc & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	D Filing Fee icate of Status ied Copy tional Copy is used)
Division o P.O. Box (nt Section of Corporations	Am Div The 241	et Address endment Secti ision of Corpe Centre of T 5 N. Monroe ahassee, FL 3	orations allahassee 2 Street, Suite 810

Casa Del Sur South Condominium Association, Inc.

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

727544

(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:

name must be distinguishable and contain the word	"cornorativ	an" or "incorporated" or the	The new
"Company" or "Co." may not be used in the name	: :	m on meorporatea on me	unoreviation Corp. or me.
B. Enter new principal office address, if applical	ble:	2816 SE Fairway West	
(Principal office address <u>MUST BE A STREET ADDI</u>		Stuart, FL 34997	
C. Enter new mailing address, if applicable:	_		
(Mailing address <u>MAY BE A POST OFFICE E</u>	<u>BOX</u>)	2816 SE Fairway West	
	_	Stuart, FI 34997	
D. If amending the registered agent and/or regist	tered office	address in Florida, enter th	e name of the
new registered agent and/or the new registere	d office add	dress:	
Name of New Registered Agent:	Barbara Andersen		
	2816 SE F	Fairway West	
	(Florida street address)		
<u>New Registered Office Address:</u>			
	Stuart		, Florida ³⁴⁹⁹⁷
-		(Ciņy)	(Zip Code)
New Registered Agent's Signature, if changing R	enistered A	cent.	

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

- aderse

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 Doc 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>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mike</u>	<u>1 Doe</u> <u>e Jones</u> <u>y Smith</u>	
<u>Type of Action</u> (Check One)	<u>_Title</u>	Name	<u>Addres</u> s
I) Change Add	STD	Howard Donhauser, Sr.	2832 SE Fairway West Stuart, FL 34997
 <u>×</u> Remove 2) <u>Change</u> <u>×</u> Add 	SD	Barbara Andersen	2816 SE Fairway West Stuart, FL 34997
3) Remove 3) Change Add Remove			
4) Change Add		·	
Remove 5) Change Add		<u> </u>	
Remove 6) Change Add			
Remove			

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

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

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	3/27/2020		
The date of each amendment(s) adoption: date this document was signed.	JI 2 11 2020		_, if other than the

(no more than 90 days after amendment file date)

<u>Note:</u> 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)

Effective date if applicable:

(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 Elli 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)

Barbara Andersen

(Typed or printed name of person signing)

Secretary

. .

(Title of person signing)