

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850) 617-6380

From: Account Name : GM FINANCIAL GROUP
 Account Number : I19980000102
 Phone : (954) 428-8899
 Fax Number : (954) 428-6699

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
EMERALD ISLES WEST CONDOMINIUM ASSOCIATION, PHASE
ON

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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11 MAY 12 AM 9:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Amended
 5/12/2011

Electronic Filing Menu

Corporate Filing Menu

Help

2011 MAY 12 PM 3:00

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Articles of Amendment
to
Articles of Incorporation
of

EMERALD ISLES WEST CONDOMINIUM ASSOCIATION PHAS

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

728082

(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)

(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

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	Amber Welker	4850 sw 63rd Terrace #333 Davie, FL 33314	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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)

[illegible]

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The date of each amendment(s) adoption: 5/10/11
(date of adoption is required)
Effective date if applicable: 5/10/11
(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 5/10/11

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)

Antoine Fourcand
(Typed or printed name of person signing)

Pres.
(Title of person signing)

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