

728860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

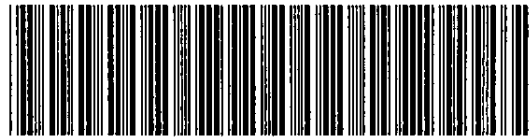
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400237833234

07/27/12--01030--019 \*\*35.00

*Amend*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT -8 AM 8:42

OCT 09 2012  
T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2012

ELLEN VITRELLA PROPERTY MANAGER  
EXCLUSIVE PROPERTY MANAGEMENT  
1280 SW 36 AVE, STE 301  
POMPANO BEACH, FL 33069

SUBJECT: PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO.  
5, INC.  
Ref. Number: 728860

We have received your document for PALM-AIRE COUNTRY CLUB  
CONDOMINIUM ASSOCIATION NO. 5, 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):

Please enter the name of the corporation and document number on page (1).

*entered*  
The date of adoption of each amendment must be included in the document.

*N/A*  
Please check the appropriate box on the amendment form regarding the  
adoption of the amendment(s).

*N/A*  
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.

Tina Roberts  
Regulatory Specialist II

Letter Number: 112A00019837

RECEIVED

12 OCT -8 PM 12:28

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DELIVERED AUG 03 2012

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Palm Aire Country Club Condominium  
Association No. 5, Inc.

DOCUMENT NUMBER: 728860

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

Please return all correspondence concerning this matter to the following:

Ellen Vitrella, Property Manager  
(Name of Contact Person)

Exclusive Property Management  
(Firm/ Company)

1280 S.W. 36 Ave., Suite 301  
(Address)

Pompano Beach, FL 33069  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Ellen Vitrella at (954) 969-1330  
(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:

- |   |  |   |  |
|---|--|---|--|
| <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

Palm Aire Country Club Condominium Association No.5, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

728860

(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: \_\_\_\_\_

\_\_\_\_\_  
(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

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 OCT -8 AM 8:42

**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>

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change

T

Jack Abrahams

1280 S.W. 36 Ave., Suite 301  
Pompano Beach, FL 33069

☐ Add

☒ Remove

2) ☐ Change

D

Sidney Siegel

1280 S.W. 36 Ave., Suite 301  
Pompano Beach, FL 33069

☒ Add

☐ Remove

3) ☐ Change

D

Kevin Soyt

1280 S.W. 36 Ave., Suite 301  
Pompano Beach, FL 33069

☒ Add

☐ Remove

4) ☐ Change

T/S

Nancy Grant

1280 S.W. 36 Ave., Suite 301  
Pompano Beach, FL 33069

☒ Add

☐ Remove

5) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

6) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: \_\_\_\_\_

8/11/2012

Effective date if applicable: \_\_\_\_\_

(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 \_\_\_\_\_

7/19/2012

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)

SIDNEY INDIG

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)