

730078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

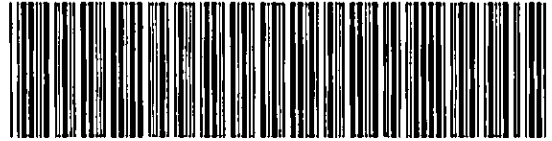
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/10/22--01015--018 **35.00

FILED
2022 AUG 11 PM 12:45
CLERK OF STATE
TALLAHASSEE, FL

A. BUTLER
AUG 27 2022

Articles of Amendment
to
Articles of Incorporation
of

FILED

THE TIFFANY CONDOMINIUM ASSOC, INC

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

2022 AUG 11 PM 12:45

730078

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FL

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:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

939 NW 11TH TERR #1

(Mailing address MAY BE A POST OFFICE BOX)

STUART FL 34994

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:

KATHLEEN PARIETTI

939 NW 11TH TERR #1

(Florida street address)

New Registered Office Address:

STUART

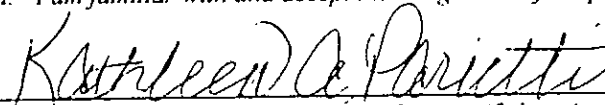
(City)

Florida 34994

(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 <input type="checkbox"/> Add	<u>P</u>	<u>CAROL ROMANO</u>	<u>939 NW 11TH TERR #1</u> <u>STUART FL 34994</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>P</u>	<u>APRIL TIERNEY</u>	<u>929 NW 11TH TERR #11</u> <u>STUART FL 34994</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>DANIEL HEATON</u>	<u>939 NW 11TH TERR #5</u> <u>STUART FL 34994</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>CHUCK TANNER</u>	<u>1153 SE14TH STREET</u> <u>STUART FL 34996</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>ANTHONY ROMANO</u>	<u>939 NW 11TH TERR</u> <u>STUART FL 34994</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>KATHLEEN PARIETTI</u>	<u>939 NW 11TH TERR #1</u> <u>STUART FL 34994</u>

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

Remove: KATHLEEN BALCIULIS, 929 NW 11TH TERR #12, STUART FL 34994

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

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

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____
date this document was signed.

4/06/22

, if other than the

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

Dated

8/6/22

Signature

Kathleen A. Parietti

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

KATHLEEN A. PARIETTI

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

I HAVE FILLED THIS OUT TO THE
BEST OF MY KNOWLEDGE. PLEASE
LET ME KNOW IF YOU NEED ANY
FURTHER INFORMATION (OR HIGHLIGHT
WHAT IS REQUIRED) THANK YOU!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2022

KATHLEEN PARIETTI
939 NW 11TH TERR #1
STUART, FL 34994

SUBJECT: THE TIFFANY CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 730078

We have received your document for THE TIFFANY CONDOMINIUM 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):

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 822A00016836

