

731554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

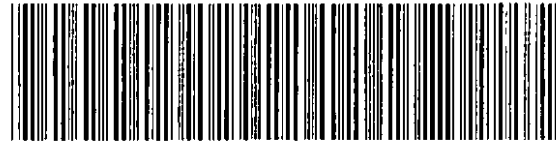
(Document Number)

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Special Instructions to Filing Officer.

William Milla & Sandy Mills
is the same person.

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07/25/23--01014--010 **35.00

FILED
Oct 09, 2023 08:00 AM
Secretary of State

Amend

OCT 10 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Circle Bay Yacht Club Condominium Association, Inc.
DOCUMENT NUMBER: 731554

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

Please return all correspondence concerning this matter to the following:

Todd Cavins
(Name of Contact Person)
Circle Bay Yacht Club Condominium Association Inc.
(Firm/ Company)
1950 SW Palm City Rd.
(Address)
Stuart, FL 34994
(City/ State and Zip Code)

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Oct 09, 2023 08:00 AM
Secretary of State

Circlebayoffice@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Cavins at 772-287-0990
(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:

Per ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

rec. 9/18/23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2023

CORNER, JANE L
759 SW FEDERAL HIGHWAY SUITE 213
STUART, FL 34994

SUBJECT: CIRCLE BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 731554

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shaunteria Cobbs
Regulatory Specialist II

Letter Number: 323A00019365



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2023

TODD CAVINS
CIRCLE BAY YACHT CLUB CONDOMINIUM ASSOC
1950 SW PALM CITY RD
STUART, FL 34994

SUBJECT: CIRCLE BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 731554

We have received your document for CIRCLE BAY YACHT CLUB 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):

You failed to return the complete proper form for this amendment filing. Please complete the attached forms.

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.

Diane Cushing
Operations Manager A

Letter Number: 423A00022550

Articles of Amendment
to
Articles of Incorporation

Circle Bay Yacht Club Condo Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

731554

(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: NA

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable: NA
(Principal office address MUST BE A STREET ADDRESS)

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Secretary of State

C. Enter new mailing address, if applicable: NA
(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

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) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Sandy Mills</u>	<u>1950 SW Palm City Rd.</u> <u>Unit 13-101</u> <u>Stuart, FL 34994</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Cliff Christ</u>	<u>1950 SW Palm City Rd.</u> <u>Unit 2-204</u> <u>Stuart FL 34994</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <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)

N/A

☒ 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

7/13/2023

Signature

Thomas E. Ahern

(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)

Thomas E. Ahern

(Typed or printed name of person signing)

President

(Title of person signing)