

735097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

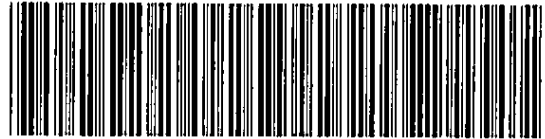
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/22/19--01028--006 **35.00

2019 SEP 12 PM 5:26

Amend

SEP 12 2019
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Villas of Sheridan Condominium
Name of Corporation

DOCUMENT NUMBER: 735097

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jay Pietrafatta LCAM
Name of Contact Person

Sunrise Management
Firm/Company

950 South Pine Island Rd. # A150
Address

Plantation, FL 33324
City/State and Zip Code

Jay P@sunrisemanagementFL.com
E-mail address: (to be used for future annual report notification)
Lily B@sunrisemanagementFL.com

For further information concerning this matter, please call:

Lillian Bianco at 954,695-9200
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Villas of Sheridan Condominium
ASSOCIATION, INC.
DOCUMENT NUMBER: 735097

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

Please return all correspondence concerning this matter to the following:

Jay Pietrafatta LCAM
(Name of Contact Person)

Sunrise Management
(Firm/ Company)

950 S. Pine Island Rd. # A150
(Address)

Plantation, FL 33324
(City/ State and Zip Code)

JayP@sunrisemanagement FL.com
LilyB@sunrisemanagement FL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lilliam Blanco LCAM at 954 695-9200
(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 type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2019

JAY PIETRAFETTA
SUNRISE MANAGEMENT
950 SOUTH PINE ISLAND RD #A150
PLANTATION, FL 33324

SUBJECT: VILLAS OF SHERIDAN CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 735097

We have received your document for VILLAS OF SHERIDAN 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 check the type of action with the officer/directors listed.

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).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 419A00016347

RECEIVED

2019 SEP 12 PM 1:13

10/1/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2019

JAY PIETRAFETTA
SUNRISE MANAGEMENT
950 SOUTH PINE ISLAND RD #A150
PLANTATION, FL 33324

SUBJECT: VILLAS OF SHERIDAN CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 735097

We have received your document for VILLAS OF SHERIDAN 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 019A00015332

RECEIVED

2019 AUG -8 PM 12:56

CALL

Articles of Amendment
to
Articles of Incorporation
of

Villas of Sheridan Condominium Association, Inc

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

735097

(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)

Sunrise Management

950 South Pine Island Road A150

Plantation, FL 33324

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

2019 JUN 12 PM 5:20

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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
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- 1) ☒ Change President Steve Tamkin 950 S. Pine Island Rd
☐ Add A-150
☐ Remove Plantation FL 33324
- 2) ☒ Change VP Belle Messina 950 S. Pine Island Rd.
☐ Add A-150
☐ Remove Plantation, FL 33324
- 3) ☒ Change Treasurer Shari Corek 950 S. Pine Island Rd.
☐ Add A-150
☐ Remove Plantation, FL 33324
- 4) ☒ Change Secretary Alyssa Loeffler 950 S. Pine Island Rd.
☐ Add A-150
☐ Remove Plantation, FL 33324
- 5) ☒ Change Director Judy Hecker 950 S. Pine Island Rd.
☐ Add A-150
☐ Remove Plantation, FL 33324
- 6) ☐ Change _____
☐ Add _____
☐ Remove _____

[illegible]

The date of each amendment(s) adoption: Not applicable, if other than the date this document was signed.

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 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 8/27/2009

Signature [Handwritten 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)

STEPHEN TAMKIN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)