

74C 492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

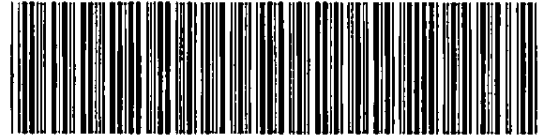
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/23/19--01027--028 **35.00

FILED
2020 Feb-5 AM 8:49
CLERK OF COURT
TALLAHASSEE, FLORIDA

Amend

FEB 06 2020
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SPANISH WELLS CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: 740492

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

Please return all correspondence concerning this matter to the following:

KAREN LIPPMAN

(Name of Contact Person)

OXYGEN ASSOCIATION SERVICES, LLC

(Firm/ Company)

1489 WEST PALMETTO PARK ROAD # 505

(Address)

BOCA RATON, FLORIDA 33486

(City/ State and Zip Code)

CUSTOMERSERVICE@OXYGENMGMT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN LIPPMAN

561

999-9701

at

(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 &
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2020

KAREN LIPPMAN
OXYGEN ASSOCIATION SERVICES, LLC
1489 WEST PALMETTO PARK ROAD #505
BOCA RATON, FL 33486

SUBJECT: SPANISH WELLS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 740492

We have received your document for SPANISH WELLS 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):

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 220A00001909

RECEIVED

2020 FEB -5 PM 12:38

Articles of Amendment
to
Articles of Incorporation
of

SPANISH WELLS CONDOMINIUM ASSOCIATION, INC.

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

740492

(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)

3435 SAN BERNADINO DRIVE

DELRAY BEACH

FLORIDA, 33445

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

OXYGEN ASSOCIATION SERVICES

1489 WEST PALMETTO PARK ROAD # 505.

BOCA RATON, FLORIDA 33486

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:

KAREN LIPPMAN

1489 WEST PALMETTO PARK ROAD # 505

(Florida street address)

New Registered Office Address:

BOCA RATON

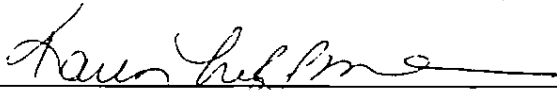
(City)

Florida 33485

(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
2020 Feb 5 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>DIRECT</u>	<u>ALIA, DOMINIQUE</u>	<u>10112 USA TODAY WAY</u> <u>MIRAMAR, FLORIDA 33025</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add		<u>DEVOTER, DAWN</u>	<u>3435 SAN BERNARDINO DR</u> <u>DELRAY BEACH, FL 33445</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>CARSON, KELLY</u>	<u>3435 SAN BERNARDINO DR</u> <u>DELRAY BEACH, FL 33445</u>
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add		<u>ROSENFELD, JEFF</u>	<u>3435 SAN BERNARDINO DR</u> <u>DELRAY BEACH, FL 33445</u>
<input type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add		<u>PEKAR, CHERYL</u>	<u>3435 SAN BERNARDINO DR</u> <u>DELRAY BEACH, FL 33445</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

Page 2 of 4

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

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

☐ 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

12/16-19

Signature

Dawn DeWoter

(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)

Dawn DeWoter

(Typed or printed name of person signing)

President

(Title of person signing)