

749697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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**FILED**  
2019 JUL 26 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

JUL 29 2019

C Kinsey



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 12, 2019

LANA KAPSALIS  
1323 LYONS RD  
COCONUT CREEK, FL 33063

SUBJECT: VISTA GARDENS CONDOMINIUM ASSOCIATION, INC,  
Ref. Number: 749697

We have received your document for VISTA GARDENS 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 form you submitted is for a PROFIT CORPORATION, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Catherine M Wood  
Regulatory Specialist II

Letter Number: 319A00014145

RECEIVED  
2019 JUL 26 PM 1:45  
REG. DIV.

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: VISTA GARDENS CONDO ASSN. INC

DOCUMENT NUMBER: 749697

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

Please return all correspondence concerning this matter to the following:

LANA KAPSALIS  
(Name of Contact Person)

C/O TRANSCONTINENTAL MGMT  
(Firm/ Company)

1323 LYONS ROAD  
(Address)

COCONUT CREEK, FL 33063  
(City/ State and Zip Code)

tom.messer@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LANA KAPSALIS at 954 979-3620  
(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:

- ☒ \$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

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building

Articles of Amendment  
to  
Articles of Incorporation  
of

VISTA GARDENS CONDO ASSN, INC  
(Name of Corporation as currently filed with the Florida Dept. of State)

749697

(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:

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:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(Florida street address)

New Registered Office Address:

N/A

(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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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 <input checked="" type="checkbox"/> Remove	<u>VP, S</u>	<u>DILEO, PETER</u>	<u>_____</u> <u>_____</u> <u>_____</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>BORREGA, PETER</u>	<u>737 1<sup>st</sup> WAY, Apt-302</u> <u>DEERFIELD BEACH</u> <u>FL, 33441</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T, S</u>	<u>DEWEEVER, ROGER</u>	<u>733 1<sup>st</sup> WAY, Apt-310</u> <u>DEERFIELD BEACH</u> <u>FL, 33441</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u> <u>_____</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u> <u>_____</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u>

The date of each amendment(s) adoption: \_\_\_\_\_, 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 07/01/2019

Signature Kenneth E. White  
(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)

KENNETH WHITE  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)