## 749758

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Amend

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Condominium Association,	INC.	
749758 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Barney Morris			
	(Name of Contact I	Person)	
Harbor Isles Condominium Association, INC.			
	(Firm/ Compar	ıy)	
1 Palm Harbor Dr.			
	(Address)		
Venice, FL 34287			
	(City/ State and Zip	Code)	
harborisles@verizon.net			
E-mail address: (to)	be used for future annual re	eport notification	on)
For further information concerning this matter,	please call:		
Barney Morris	а	941 1	426-5745
(Name of Contact		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of \$		Certi is Certi (Add	i0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section	Ā	treet Address mendment Sec	tion .

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Harbor Isles Condominium Association, INC.

(Name of Corporation as currently filed with the Florida	Dept. of State)
749758	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
n/a	The new
name must be distinguishable and contain the word "corpord" "Company" or "Co," may not be used in the name.	vation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	n/a
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>\$</u> )
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	n/a
	•
	. N
D. If amending the registered agent and/or registered off	fice 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	
Nau Buristanud Office Address	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
J	nghalare of then tregistered 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:  X Change X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add	D	Marlene Moot	577 Portside Dr. North Port, FL 34287
<ul> <li>x Remove</li> <li>2) x Change Add</li> </ul>	<u>S</u>	Diane Graham	588 Portside Dr. Venice, FL 34287
Remove 3 ) Remove	D	David O'Brien	167 Palm Harbor Dr. North Port, FL 34287
4) Change Add			
Remove  5) Change Add Remove			
6) Change Add			
(attach additional shee	ts, if nece	nal Articles, enter change(s) here: ssury). (Be specific)	

Effective date <u>if applicable</u> :  (no more than 90 days after amendment f	île date)
The date of each amendment(s) adoption:late this document was signed.	, if other than th
	-
	<del></del>
	<del></del>

document's effective date on the Department of State's records.

(CHECK ONE) Adoption of Amendment(s)

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 00, 25.20
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)  Barney Morris
(Typed or printed name of person signing)
President (Title of person signing)