

751374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/25/14--01018--001 **25.00

09/29/14--01020--006 **10.00

STATE OF FLORIDA
TALLAHASSEE

SEP 29 AM 9:44

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OCT 2 2014

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2014

JAYNE ABSON
464 PAULA DR N
DUNEDIN, FL 34698

SUBJECT: DOLPHIN POINTE OF DUNEDIN CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: 751374

We have received your document for DOLPHIN POINTE OF DUNEDIN CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 614A00019619

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Dolphin Pointe of Dunedin Condominium Association Inc

DOCUMENT NUMBER: 751374

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

Please return all correspondence concerning this matter to the following:

Jayne Abson

(Name of Contact Person)

Office Manager

(Firm/ Company)

464 Paula Drive North

(Address)

Dunedin, FL 34698

(City/ State and Zip Code)

dolphinpointe@outlook.com

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

For further information concerning this matter, please call:

Jayne Abson

(Name of Contact Person)

at (727) 734-2993

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

SEP 29 AM 9:44

Dolphin Pointe of Dunedin Condominium Association Inc

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

751374

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

(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)

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

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 checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>T</u>	<u>Daniel Hildwine</u>	<u>464 N PAULA DR, UNIT 107 DUNEDIN, FL 34698</u>
2) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	_____	<u>EDWARD PALMATEER</u>	<u>926 FLORIDA AVENUE ORANGE CITY, FL 32763</u>
3) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>P</u>	<u>Keith Hendricks</u>	<u>464 Paula Drive North, Unit 313, Dunedin, FL 34698</u>
4) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	_____	<u>PHYLLIS Frantzis</u>	<u>P.O. BOX 1842 DUNEDIN, FL 34697</u>
5) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>S</u>	<u>Ken Terrio</u>	<u>UNIT 307</u> <u>464 Paula Drive North, Dunedin, FL 34698</u>
6) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	_____	<u>Rebecca Young</u>	<u>8521 SAWYER BROWN ROAD NASHVILLE, TN 37221</u>

7) ☒ Add VP

GEORGE BONSER

464 PAULA DRIVE N,
UNIT 202

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: August 13th 2014, if other than the date this document was signed.

Effective date if applicable: August 13th 2014
(no more than 90 days after amendment file date)

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 9/14/14
Signature Daniel Hildwine
(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)

Daniel Hildwine

(Typed or printed name of person signing)

Treasurer

(Title of person signing)