# 752627

(Requ	uestor's Name)	
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(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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10 AUG 17 PM 2: 45
SEURLEARY OF STATE
AND AHASSEE, FLORIDA

C.COULLIETTE

AUG 1 7 2010

**EXAMINER** 



TO: Amendment Section Division of Corporations

SUBJECT: Landings Harborage Condominium
Name of Corporation Association, Inc.

DOCUMENT NUMBER: 752627

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:

Barbara Dettach
Name of Contact Person

Landings Harborage

Firm/Company

2591 N. E. 55th Ct.

Address

Tort Louderdale, TL 33308

City/State and Zip Code

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

For further information concerning this matter, please call:

Bachova Wottach Pres at (954) 1/92 - 40 98

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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED
2010 AUG 16 AM 8: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 3, 2010

BARBARA WETTACH LANDINGS HARBORAGE CONDOMINIUM ASSOC. 2591 NE 55TH CT FT LAUDERDALE, FL 33308

SUBJECT: LANDINGS HARBORAGE CONDOMINIUM ASSOCIATION, INC. Ref. Number: 752627

We have received your document for LANDINGS HARBORAGE CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You need to either use the form for the change of registered agent or the amendment form, you cannot do both with one filing. If you want to file an amendment, you have to submit the complete application, not a partial one like the one you have submitted.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 810A00018685

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF COR	HEALASOCK	ation, Inc.	ge Condominium
The enclosed Arti	cles of Amendment and fee are submi	itted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	Barbara We (Name of Co	ettach ontact Person)	<u></u>
<u> </u>	-andings Hax	Company)	<del></del>
2	591 N.E. 55th	dress)	
1	ort Lauderda (City/State:	and Zip Code)	308_
_	E-mail address: (to be used to	for future annual report notific	ation)
For further inform	ation concerning this matter, please c	all:	
DARBA (Na	me of Contact Person)	at ( <u>954</u> ) <u>492</u> (Area Code & Daytin	me Telephone Number)
Enclosed is a chec	k for the following amount made pay	able to the Florida Departmen	t 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)
Ā	ailing Address mendment Section ivision of Corporations	Street Address  Amendment Section  Division of Corporation	ons

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### **Articles of Amendment** to Articles of Incorporation of

Landings Ha	shorage Condominum Association Inc.
(Name of Corporation as cur	rrently filed with the Florida Dept. of State)
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of	6, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts Incorporation:
A. If amending name, enter the new name	of the corporation:
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word "corporation" or "incorporated" or the or "co." may not be used in the name.
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)	
D. If amending the registered agent and/or new registered agent and/or the new registered agent	r registered office address in Florida, enter the name of the
Name of New Registered Agent:	Eric J. Goldman, P.A.
New Registered Office Address:	318 S.E.8Th Street  (Florida street address)  Fort Louderdale, Florida 33316  (City) (Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as register position.	ging Registered Agent:

## 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)

<u>Title</u>		Name	<u> </u>			<u>Address</u>	<u>.</u>	1.1	<u>T</u>	pe of Action
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E. If ame	nding additi	or addi onal she	ng additio	nal Articles ssary). (B	, enter c e specific	hange(s) h	<u>iere</u> :			
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The date of each amendment(s) adoption:
(date of adoption is required)  Effective date if applicable:  (no more than 90 days after amendment file date)
(no more man >0 days after amenament 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 August 13, 2010 Signature Emily Elanks
(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)
(Typed or printed name of person signing)
Director and Secretary