156227

(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:				

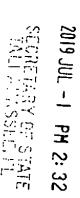
Office Use Only



200330349902 >

06/05/19--01013--023 **35.00

S TALLENT JUL 02 2019



prod



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2019

BARBARA MINETTI AVALON CONDOMINIUM ASSOCIATION, INC. 735 S.E. 20TH AVENUE DEERFIELD BEACH, FL 33441

SUBJECT: AVALON CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 756227

We have received your document 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 019A00012496

COVER LETTER

TO: Amendment Section Division of Corporations

Avalon Condominium Association, Inc. NAME OF CORPORATION:				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are st	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Barbara Minetti				
	(Name of Contact Perso	n)		
Avalon Condominium Association, Inc.				
	(Firm/ Company)			
735 S.E. 20th Avenue				
	(Address)			
Deerfield Beach, Florida 33441				
	(City/ State and Zip Cod	le)		
barbara@avalonresortfl.com			/	
E-mail address: (to be us	sed for future annual report	notification	1)	
For further information concerning this matter, plea	se call:			
Barbara Minetti	95 at	34	427-6611	
(Name of Contact Pers			(Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee of Certificate of Statu	& □\$43.75 Filing Fee & Sertified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is fied)	
Mailing Address		Address	ion	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Avalon Condominium Association, Inc.			
(Name of Corporation as cu	urrently filed with the Florida Dept. of State)		
756227			
(Document N	Number of Corporation (if known)		
Pursuant to the provisions of section 617,1006. Florida Samendment(s) to its Articles of Incorporation:		pts the fol	lowing
A. If amending name, enter the new name of the corp	poration:		
			ie new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	rporation or incorporated or the abbreviation "C	orp. or	inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)		
		(P)	- <u>=</u> -
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		37	 -
		55-5	
		77.70	- -
		حزيــ	2
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the	Щ	32
new registered agent and/or the new registered of	fice address:		
Name of New Registered Agent:			
	(Florida street address)	<u> </u>	
New Registered Office Address:			
	, Florida		
	(City) (Zip Cod	de)	
New Registered Agent's Signature, if changing Regist	tarad Aganti		
I hereby accept the appointment as registered agent. I c		rition.	
	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, 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 = Chie 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. Thera 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	$\underline{\mathbf{V}}$ $\underline{\mathbf{Mi}}$	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	VP	Henry Winner (Deceased)	9382 Lancaster Place
Add			Boca Raton, Florida 33434
X Remove			
2) Change	D	Marilyn Deamer (Retired)	4100 N. W. 8th Street
Add			Coconut Creek, Florida 33066
X Remove		•	
3) X Change	P	Gregory Dyer	242 S. W. 159 Terrace
Add			Sunrise, Florida 33326
Remove			
4) Change	VP	Thomas B. Licari	8 Laurel Avenue
X Add			East Islep, N.Y. 11730
Remove			
5) X Change	S/T	Barbara Minetti	8386 N. W. 14th Court
Add			Coral Springs, Florida 33071
Remove			
6) Change	D	William Finney	357 Orange Avenue
X Add			APT. 367
Remove			Langwood, Florida 32750

E.	E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
	(attach additional sheets, if necessary).	(Be specific)				
—			 			
_			·			
						
-		<u></u>		<u>.</u>		
	<u></u>					
				•		
					•	
						-
					·	
_						
-					.	
	-					
				<u> </u>		 -
_				 		

•	May 1, 2019	
The date of each amen	• • • • • • • • • • • • • • • • • • • •	, if other tha
date this document was s	signed.	
	May 1, 2019	
Effective date <u>if applic</u>	able: (no more than 90 days after amendment file date)	
	The name than 20 days after amenament file dates	
	ed in this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	ot be listed as the
Adoption of Amendme	nt(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
There are no memb adopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
Dated	June 28, 2019	
Dateu		
	and the man and the same of th	
Signature	dinance figure	
•	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)	
	other court appointed reductary by that riductary)	
	Barbara Minetti	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	