758506

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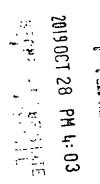
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: <u>Fal</u>	m Frond Condominium association In
DOCUMENT NUMBER:	506
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Geraldine A. Sm	(Name of Contact Person)
	(Name of Contact Person)
Palm Frond Ca	(Firm/ Company)
1165 Palm Cer	8 E
	(Address)
M. It Myers, Il	. 33903
, —	(City/ State and Zip Code)
Palmfrand HOA. C	(to be used for future annual report notification)
For further information concerning this ma	
Geraldina A. Smith	tact Person) at <u>J39-885-2177</u> (Area Code) (Daytime Telephone Number)
(Name of Cor	tact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amor	ant made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Fi Certificate	ling Fee & \$\sum \$\\$43.75\$ Filing Fee & \$\sum \$\\$52.50\$ Filing Fee cof Status Certified Copy (Additional copy is enclosed) \$\sum (Additional Copy is Enclosed)
Mailing Address	Street Address

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

- Palm brond Condomine	im asso	ciation, Inc.
(Name of Corporation as curre		
758506	nber of Corporation (::::1
(Document Nun	nner of Corporation (II Known)
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	ites, this <i>Florida No</i> .	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
name must be distinguishable and contain the word "corpor	ation" or "incorpor	The new ated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		20
B. Enter new principal office address, if applicable:		191
Principal office address MUST BE A STREET ADDRES.	<u> </u>	7 07
	•	<u>_</u>
Enter new mailing address, if applicable:		フシーデ
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		3 3
		[+1
	<u>_</u>	77.
). If amending the registered agent and/or registered of	fice address in Flor	ida, enter the name of the
new registered agent and/or the new registered office		
N C.V D		
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
new regimered confice nativess.		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	d Agent:	
hereby accept the appointment as registered agent. I am j		cept the obligations of the position.
		•
-	Signature of New Ro	egistered 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.

MIKE JOHES, F US NO	emose, una maig main	a in as an riaa.	
Example: X Change X Remove X Add	PT John I V Mike SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Treasurer	Bruce Hallstrom	1165 Palm Con 6-4 M. It Myers, Il. 33903
Remove			
2) Change	Secretary	Wendy White	1165 Palmer 4-D M. St. Myers, SQ. 3390.
Remove 3) Change			
Add			
Remove 4) Change			
Add			
5) Change			
Add			
6) Change			
Add			

f amending or add attach additional sh	rets, if necessary).	(Be specific)				
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The	date of each amendment(s) adoption:	10/25/19	, if other than the
	this document was signed.	, .	
Effe	ective date <u>if applicable</u> :	10/25/19	
	(no n	nore than 90 days after amendment file da	te)
	e: If the date inserted in this block does not ument's effective date on the Department of		ements, this date will not be listed as the
Add	option of Amendment(s) (CH	ECK ONE)	
	The amendment(s) was/were adopted by th was/were sufficient for approval.	e members and the number of votes cast fo	or the amendment(s)
Ø	There are no members or members entitled adopted by the board of directors.	to vote on the amendment(s). The amend	ment(s) was/were
	Dated		
	Signature Geraldine	A. Smith Preside	ent "
	have not been selected.	chairman of the board, president or other by an incorporator – if in the hands of a re duciary by that fiduciary)	
	GCFOLD	ine A Smith	
		(Typed or printed name of person signi	ng)
		usedent	
		(Title of person signing)	