760269

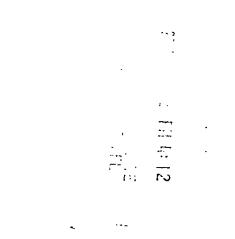
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Constitution to Ellin Office
Special Instructions to Filing Officer:





200429162782

05/42/24--01039--008 **35.00



(x/10////



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Villas of Hobe Soun	d Condominium	Associatio	on, Inc	- t		
DOCUMENT NUMBER:	69 						
The enclosed Articles of Amendm	ent and fee are sub-	mitted for filing.					
Please return all correspondence e	oncerning this matte	er to the following	g:				
President							
		(Name of Contac	t Person)				
Villas of Hobe Sound					•	•	
		(Firm/ Comp	oany)	_		-	
PO Box 781							`
		(Address	;)				
Hobe Sound FL 33475							
info@villashobesound.com		(City/ State and 2	Lip Code)			7	12
E-mail	address: (to be used	for future annual	report no	tification	n)		-,,-
For further information concerning	this matter, please	call:					
Sharren McGarry			772 at		546-7554		
(Name	of Contact Person)			Code)	(Daytime Tel	ephone No	ımber)
Enclosed is a check for the following	ng amount made pa	yable to the Flori	da Depart	ment of	State:		
■ \$35 Filing Fee □\$43 Ce	3.75 Filing Fee & ! rtificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)		
Mailing Address Amendment Sectorial Division of Corp P.O. Box 6327	ion		Street Ac Amendmon Division of The Cen	ent Secti of Corpo			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Villas of Hobe Sound Condominium Association, Inc		
(Name of Corporation as currently filed with the Florida l	Dept. of State)	
760269	- -	
(Document Numb	er of Corporation (if known)	-
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation ac	lopts the following
A. If amending name, enter the new name of the corporat	ion <u>:</u>	
N/A		T !
name must he distinguishable and contain the word "corpora "Company" or "Co." may not he used in the name.	tion" or "incorporated" or the abbreviation "	The new 'Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	
	. , ,	
C. Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BOX)	N/A	· ·
	-	
 If amending the registered agent and/or registered office new registered agent and/or the new registered office a 	ce address in Florida, enter the name of the	
Name of New Registered Agent: N/A	<u>uuress:</u>	<u> </u>
New Registered Office Address:	(Florida street address)	
	(City) , Florida (Zip C	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fan	Avent:	·
	anature of New Registered Agant if shawning	



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	<u>V</u> <u>M</u> :	hn Doe ke Jones Ilv Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>× Change</u> Add Remove	P	McGarry, Sharren	7960 SE Villa Cir Hobe Sound FL 33455
2) Change Add	<u>D</u>	Kimberly McKay	7960 SE Villa Cir Hobe Sound FL 33455
Remove 3) Remove X	<u>s</u>	Kathleen Gemme	7960 SE Villa Cir Hobe Sound FL 33455
4) Change Add	<u>P</u>	Fowler, Rodney	7960 SE Villa Cir Hobe Sound FL 33455
 X Remove 5) Change Add X Remove 	D	Richardson, Karl	7960 SE Villa Cir Hobe Sound FL 33455
6) Change Add			
Remove E. If amending or ad (attach additional s	Iding additional theets, if necessar	Articles, enter change(s) here: y). (Be specific)	

	·	
		
		
		
	<u> </u>	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		
	<u> </u>	<u></u>
	r.,1	
	· · ·	•
		<u>-</u>
	<u> </u>	-
		-
		<u> </u>
		
		
The date of each amendment(s) adoption: 4/17/24 date this document was signed.		, if other than the
Effective date if applicable: 4/17/24		
(no more than 90 days after amendment file date)	· · · · · ·
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be	e listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the members and the number of yotes east fo was/were sufficient for approval.	r the amendment(s)	



Dated	4/17/24
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)
	Sharren McGarry
	(Typed or printed name of person signing)
	President
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.