760269

(Requestor's Name)
(Address)
(4)
(Address)
(City/State/Zip/Phone #)
(61), 51010 2,000 11,
PłCK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
10-20-
Special Instructions to Filing Officer:

Office Use Only



000433818880

07/23/24--01028--007 **35.00

ወጀት (* | 29 / 11 ይ: 3

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	SOUND CONDOM	INIUM ASSOC	CIATION, INC.	
DOCUMENT NUMBER:	760269				
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.			
Please return all correspond	lence concerning this matt	ter to the following:			
Sharren McGarry, Presiden	t				
•		(Name of Contact P	erson)		
VILLAS OF HOBE SOUN	D CONDOMINIUM AS:	SOCIATION, INC.			
		(Firm/ Compan	y)		
PO BOX 781					
-		(Address)			
HOBE SOUND FL 33475					
- ,_		(City/ State and Zip	Code)		
info@villashobesound.com					
I	E-mail address: (to be use	d for future annual re	port notification	n)	
For further information con	cerning this matter, please	e call:			
Jayne Sanders, Treasurer		at	561	707-3841	
	(Name of Contact Persor			(Daytime Telephone Number)	
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	O Filing Fee ficate of Status fied Copy tional Copy is osed)	
Mailing A	Address	<u>St</u>	reet Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** The Centre of Tallahassee 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 Dept. of State) 760269 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position,

(City)

Signature of New Registered Agent, if changing

(Florida street address)

(Zip Code)

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	PT John Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>D</u>	Kimberly McKav	7960 SE Villa Circle Hobe Sound Fl 33455
x Remove			
2) × Change Add	<u>P</u>	Sharren McGarry	7940 SE Villa Cicle Hobe Sound Fl 33455
3) × Remove Change Add Remove	<u>S</u>	Kathleen Gemme	8064 SE Villa Cir Hobe Sound Fl 33455
4) × Change Add	<u>T</u>	Javne Sanders	7911 SE Villa Cir Hobe Sound Fl 33455
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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

15. 1	7-24-2024
Dated	7
Signature	Sharren M. Clarry
(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
	Sharren McGarry (Typed or printed name of person signing)
	Sharren McGarry