

765998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

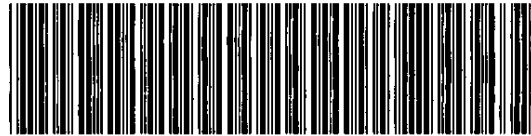
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY 30 PM 4:41

*Amend*

JUN - 7 2017

D CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BOCA DELRAY ASSOCIATION, INC.

DOCUMENT NUMBER: 765998

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DWIGHT HADLEY

(Name of Contact Person)

BOCA DELRAY ASSOCIATION, INC.

(Firm/ Company)

5483 BOCA DELRAY BLVD

(Address)

DELRAY BEACH, FL 33484

(City/ State and Zip Code)

dwight.hadley@gmail.com

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

For further information concerning this matter, please call:

DWIGHT HADLEY

(Name of Contact Person)

at 518 - 728 - 0653

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|---|---|--|--|

**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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2017

DWIGHT HADLEY  
BOCA DELRAY ASSOCIATION, INC.  
5483 BOCA DELRAY BLVD  
DELRAY BEACH, FL 33484

SUBJECT: BOCA DELRAY ASSOCIATION, INC.  
Ref. Number: 765998

We have received your document for BOCA DELRAY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 017A00009922

RECEIVED  
17 MAY 30 AM 9:55  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**BOCA DELRAY ASSOCIATION, INC**

(Name of Corporation as currently filed with the Florida Dept. of State)

(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:**

*The new 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.*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(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:

**MICHELLE LADONCEUR**

**5483 BOCA DELRAY BLVD**

(Florida street address)

New Registered Office Address:

**DELRAY BEACH**

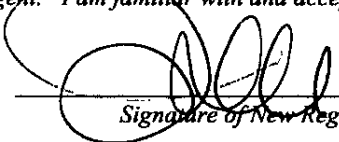
(City)

Florida **33484**

(Zip Code)

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

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

  
Signature of New Registered Agent, if changing

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DIVISION OF CORPORATIONS  
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(Attach additional sheets, if necessary)

*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.*

**Example:**

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

1) ☐ Change DIRECTOR JOHN FITZGERALD 5483 BOCA DELRAY BLVD  
☐ Add DELRAY BEACH, FL 33484  
☒ Remove

2) Change DIRECTOR MICHAEL GOLDSTEIN 5483 BOCA DELRAY BLVD  
X Add DELRAY BEACH, FL 33484

**Remove**

3 ) \_\_\_\_\_ Change \_\_\_\_\_  
\_\_\_\_\_ Add \_\_\_\_\_  
**Remove**

4) \_\_\_\_\_ Change \_\_\_\_\_  
 \_\_\_\_\_ Add \_\_\_\_\_  
 \_\_\_\_\_ Remove \_\_\_\_\_

5) Change

Add

Remove

d) \_\_\_\_\_ Change  
\_\_\_\_\_ Add  
Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

NONE

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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 5/25/2017

Signature Myra Snyderman  
(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)

Myra Snyderman  
(Typed or printed name of person signing)

Acting President  
(Title of person signing)