# 767185

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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Casa Rio Condominium Association, Inc.  NAME OF CORPORATION:	
767185 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Robert HerigPresident	
(Name of Contact Person)	
Casa Rio Condominium Association, Inc.	
(Firm/ Company)	
368 NW 14th Place	
(Address)	
Crystal River, Florida, 34428	
(City/ State and Zip Code)	
bobcableready@aol.com	
E-mail address: (to be used for future annual report notification)	<del></del> -
For further information concerning this matter, please call:	
Robert Herig, President 863-670-5776	
(Name of Contact Person) (Area Code) (Daytime Telephone Number	)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee  \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is Enclosed)	

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section Division of Corporations Clifton Building



July 16, 2019

ROBERT HERIG 368 NW 14TH PLACE CRYSTAL RIVER, FL 34428

SUBJECT: CASA RIO CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 767185

We have received your document for CASA RIO CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to check which action to take with the officer/directors listed on page 2 of the amendment form.

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

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.

Irene Albritton Regulatory Specialist II

Letter Number: 019A00014366



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 1, 2019

ROBERT HERIG CASA RIO CONDOMINIUM ASSOCIATION, INC. 368 NW 14TH PLACE CRYSTAL RIVER, FL 34428

SUBJECT: CASA RIO CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 767185

We have received your document for CASA RIO CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(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.

Irene Albritton Regulatory\_Specialist II

<u>i</u>

Letter Number: 819A00013320

#### Articles of Amendment to Articles of Incorporation of

Casa Rio Condomiunium Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 767185 (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: 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: (Florida street address) New Registered Office Address: Florida (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

## 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>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1Change	P	Robert C. Herig	383 NW 14th Place
Add			Crystal River, Fl
Remove			34428
2) X Change	<u>v</u>	Elizabeth Siekert	358 NW 14th Place
Add	<del></del>		Crystal River, FI
Remove			34428
3)Change	T	George Max Barnes	377 NW 14th Place
Add			Crystal River, Fl
Remove			34428
4)Change	S	Leonard Thibadeau	1514 Victoria Falls Dr. NE
Add		-	Atlanta, GA
Remove			30329
5) Change	D	Deborah H. Baker	352 NW 14th Place
X Add			Crystal River, Fl
Remove			34428
6) Change	P	STEVE HEINE	152 RIVER OAKS DR
Remove			70068

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)		
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The date of each amendment(s) add	option:	, if other than the
date this document was signed. 5-7-19		
Effective date if applicable:	7	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bloc document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes east for the amendmen	t(s)
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/wers.	е
Dated 7/12	7 001 0	
Signature	but (A), (President	
(By the chairn	nan or vice chairman of the board, president or other officer-if directo	rs
	n selected, by an incorporator – if in the hands of a receiver, trustee, oppointed fiduciary by that fiduciary)	τ
	- C. HERIG	
	(Typed or printed name of person signing)	_
PRES,	DENT	
	(Title of person signing)	•••