## 767362

| (Requestor's Name)                      |                        |  |  |  |
|---|------------------------|--|--|--|
| (A                                      | ddress)                |  |  |  |
| (A                                      | ddress)                |  |  |  |
| (C                                      | ity/State/Zip/Phone #) |  |  |  |
| PICK-UP                                 | WAIT MAIL              |  |  |  |
| (В                                      | usiness Entity Name)   |  |  |  |
| (D                                      | ocument Number)        |  |  |  |
| Certified Copies                        | Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |                        |  |  |  |
|   |                        |  |  |  |
|   |                        |  |  |  |
|   |                        |  |  |  |



900298968359

06/27/17--01014--063 (\*\*35.00

Office Use Only

Grund

JUL 0 6 2017

D CUSHING

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION           | Townhouses By The                           | Sea Homeowners A.  | ssociation, Inc.          |  |
|-------------------------------|---|--|---------------------------|--|
| DOCUMENT NUMBER:              | 767362                                      |  |                           |  |
| The enclosed Articles of An   |   |  |                           |  |
| Please return all correspond  |   | _  |                           |  |
| Joshua Gerstin, Esq.          | _   | _  |                           |  |
|                               |   | (Name of Contact P   | erson)                    |  |
| Gerstin & Associates          |   |  |                           |  |
|                               | <del></del>                                 | (Firm/ Compan  | y)                        |  |
| 40 S.E. 5th Street, Suite 610 | )   |  |                           |  |
|                               |   | (Address)  |                           | -  |
| Boen Raton, FL 33432          |   |  |                           |  |
| ,                             |   | (City/ State and Zip   | Code)                     |  |
| lisa@gerstin.com              |   |  |                           |  |
|                               | E-mail address: (to be used                 | for future annual rep  | port notificatio          | n)   |
| For further information cond  | terning this matter, please                 | call:  |                           |  |
| Lisa Kochlany                 |   | 21   | 56!                       | 750-3456   |
|                               | (Name of Contact Person)                    |  | (Area Code)               | (Daytime Telephone Number)   |
| Enclosed is a check for the   | following amount made pa                    | yable to the Florida   | Department of             | State:   |
| ■ \$35 Filing Fee             | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy<br>enclosed) | Certi<br>is Certi<br>(Add | i0 Filing Fee<br>ficate of Status<br>fied Copy<br>itional Copy is<br>osed) |

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

## Articles of Amendment to Articles of Incorporation of

|   | as curren      | itly filed with the Florida Dept. of State)                      |  |
|---|----------------|--|--|
| 767362  |                |  |  |
| (Docu   | ment Numbe     | per of Corporation (if known)                                    |  |
| Pursuant to the provisions of section 617.1006, Flamendment(s) to its Articles of Incorporation:  | orida Statute  | es, this Florida Not For Profit Corporation adopts the following |  |
| A. If amending name, enter the new name of th   | e corporati    | ion:   |  |
| ı/a   |                | The new  |  |
| tame must be distinguishable and contain the wor<br>"Company" or "Co." may not be used in the nam |                | ttion" or "incorporated" or the abbreviation "Corp." or "Inc."   |  |
| B. Enter new principal office address, if applicable:   |                | 208 Washingtonia Avenue  |  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )                                       |                | Lauderdale By The Sea, FL 33308                                  |  |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>         | <u>BOX</u> )   | 208 Washingtonia Avenue  |  |
|   |                | Lauderdale By The Sea, FL 33308                                  |  |
| If amending the registered agent and/or reginew registered agent and/or the new register          |                |  |  |
| new registered agent and/or the new registe   |                | k Associates   |  |
|   | Octam oc       | * U220ctate2   |  |
| Name of New Registered Agent:   |                |  |  |
| Name of New Registered Agent:   | 40 S.E. 50     | th Street, Suite 610   |  |
| <u>Name of New Registered Agent:</u> New Registered Office Address                                |                | th Street, Suite 610<br>(Florida street address)                 |  |
|   |                | (Fiorula street address) on 33432                                |  |
|   | ;              | (Fiorala street address)   |  |
| <u>New Registered Office Address</u>  | :<br>Boca Rate | on, Florida  |  |
| <u>New Registered Office Address</u><br>New Registered Agent's Signature, if changing             | : Boca Rate    | on, Florida  |  |

Page 1 of 4

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> : | nn Dae<br>ke Jones<br>lly Smith |                                  |
|----------------------------------|---------------------|---------------------------------|----------------------------------|
| Type of Action<br>(Check One)    | Title               | <u>Name</u>                     | <u>Addres</u> s                  |
| 1) X Change                      | P/D                 | Dan Barteluce                   | 208 Washingtonia Ave.            |
| Add                              |                     |                                 | Lauderdale By The Sea, FL 33308  |
| Remove                           |                     |                                 |                                  |
| 2) x Change                      | S/D                 | John Zeiba                      | 212 Washingtonia Ave.            |
| Add                              |                     |                                 | Lauderdale By The Sea, Fl. 33308 |
| Remove                           |                     |                                 |                                  |
| 3) Change                        |                     |                                 |                                  |
| Add                              |                     |                                 |                                  |
| Remove                           |                     |                                 |                                  |
| 4) Change                        |                     |                                 |                                  |
| Add                              |                     |                                 |                                  |
| Remove                           |                     |                                 |                                  |
| 5) Change                        |                     |                                 |                                  |
| Add                              |                     |                                 |                                  |
| Remove                           |                     |                                 |                                  |
| 6) Change                        |                     |                                 |                                  |
| Add                              |                     |                                 |                                  |
| Remove                           |                     |                                 |                                  |

|               |                                       |                                       |                                       |                              |               | <del> </del>  |
|---------------|---------------------------------------|---------------------------------------|---------------------------------------|------------------------------|---------------|---------------|
|               |                                       |                                       |                                       |                              |               |               |
|               |                                       |                                       |                                       |                              |               |               |
|               |                                       | <u> </u>                              | <del></del>                           |                              |               |               |
|               |                                       |                                       |                                       | <u></u> -                    |               |               |
|               |                                       |                                       |                                       |                              |               |               |
|               | <del> </del>                          |                                       | <del></del>                           | ·                            | <u>-</u> .    |               |
|               |                                       |                                       |                                       |                              |               |               |
| ·             |                                       | · · · · · · · · · · · · · · · · · · · |                                       |                              |               |               |
|               |                                       |                                       | <del></del>                           |                              |               |               |
|               |                                       |                                       |                                       |                              |               |               |
|               |                                       |                                       |                                       |                              |               |               |
|               |                                       |                                       |                                       |                              |               |               |
|               |                                       |                                       |                                       |                              |               |               |
|               | <del></del>                           |                                       | <u></u>                               |                              | <del></del> . | ··            |
|               |                                       |                                       |                                       |                              |               |               |
|               |                                       |                                       |                                       |                              |               |               |
|               |                                       |                                       |                                       |                              |               |               |
|               | · · · · · · · · · · · · · · · · · · · | <del></del> :                         | · · · · · · · · · · · · · · · · · · · |                              | <del></del>   |               |
|               |                                       |                                       |                                       |                              |               |               |
|               |                                       |                                       |                                       |                              |               |               |
| - <del></del> |                                       |                                       |                                       | · · · · <del>-</del> · · · · | -             |               |
|               |                                       |                                       |                                       |                              | <del></del>   | , <del></del> |
|               |                                       |                                       |                                       |                              |               |               |

|          | date of each amendment(s) ad this document was signed.               | option:   | , if other than the                        |
|----------|--|---|--|
|          | n/a<br>ective date if applicable:                                    |   |  |
|          | <del></del>  | (no more than 90 days after amendment file date)  | )  |
|          | e: If the date inserted in this blooment's effective date on the Dep | ck does not meet the applicable statutory filing requirem<br>partment of State's records.   | nents, this date will not be listed as the |
| Ada      | option of Amendment(s)   | (CHECK ONE)   |  |
| <b>₽</b> | The amendment(s) was/were ad was/were sufficient for approva         | opted by the members and the number of votes east for i.  | the amendment(s)                           |
|          | There are no members or membadopted by the board of director         | ers entitled to vote on the amendment(s). The amendments.   | ent(s) was/were                            |
|          | Dated , (  | 6-20-17   |  |
|          | Signature  | MARUE MES HOA   |  |
|          | have not bee   | hanfor vice chairman of the board, president or other of<br>n selected, by an incorporator – if in the hands of a rece<br>ppointed fiduciary by that fiduciary) |  |
|          |  | MEU J. BARTELUCE  |  |
|          |  | (Typed or printed name of person signing  | y)   |
|          |  | PRSSIDENT. HOA  |  |
|          |  | (Title of person signing)   |  |