

767649

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(Business Entity Name)

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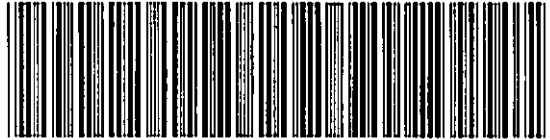
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2021 OCT 26 PM 3:55
CLERK OF STATE
TALLAHASSEE, FL

Y SULKER
OCT 29 2021

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT 21 AM 11:47

October 12, 2021

FANTASY ISLAND RESORT II CONDOMINIUM ASSOCIATION, INC.
111 N ORANGE AVE #1400
ORLANDO, FL 32801

SUBJECT: FANTASY ISLAND RESORT II CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: 767649

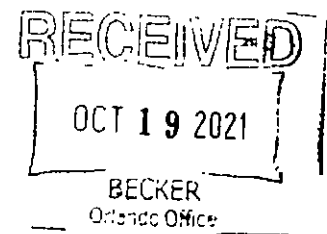
We have received your document for FANTASY ISLAND RESORT II CONDOMINIUM ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 421A00024833



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fantasy Island Resort II Condominium Association, Inc.

DOCUMENT NUMBER: 767649

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

Please return all correspondence concerning this matter to the following:

Jenna Clabeaux / Robyn Severs

(Name of Contact Person)

Becker & Poliakoff, P.A.

(Firm/ Company)

111 N Orange Ave. #1400

(Address)

Orlando, FL 32801

(City/ State and Zip Code)

rsevers@beckerlawyers.com

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

For further information concerning this matter, please call:

Robyn Severs

(Name of Contact Person)

850-664-2229

at

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Fantasy Island Resort II Condominium Association, Inc.

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

767649

(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

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:

N/A

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

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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 Office Address:

(City) _____, 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

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TALLAHASSEE, FL

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

See the attached document

The date of each amendment(s) adoption: December 17, 2002, if other than the date this document was signed.

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.

☒ 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 September 27, 2021

Signature Robyn M. Sever
(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)

Robyn Sever
(Typed or printed name of person signing)

Attorney
(Title of person signing)

Attachment

Pursuant to the provision of Chapter 617, Florida Statutes, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation.

FIRST: The name of the corporation is Fantasy Island Resort II Condominium Association, Inc.

SECOND: The attached Amended Articles of Incorporation was adopted by the membership.

THIRD: The attached Amended Articles of Incorporation was adopted by the required vote of the members on the 17th day of December 2002.

FOURTH: The number of votes cast were sufficient for approval.

WITNESSES:
(TWO)

FANTASY ISLAND RESORT II CONDOMINIUM
ASSOCIATION, INC.

Nina Castillo
Signature
NINA CASTILLO
Printed Name

BY: Matthew Mueller
Matthew Mueller, President
Date: 6/24/21
(CORPORATE SEAL)

Melissa Rivera
Signature
Melissa Rivera
Printed Name

STATE OF Florida)
) SS:
COUNTY OF Orange)

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 29th day of June, 2021 by Matthew Mueller President.

Personally Known X OR
Produced Identification _____

Type of Identification

NOTARY PUBLIC - STATE OF FLORIDA

Sign Rosemarie Wallace
Print ROSEMARIE WALLACE
My Commission expires: JUNE 24, 2025

