

**768921**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H18000290840 3)))



H180002908403ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN  
Account Number : I20020000140  
Phone : (561)844-3600  
Fax Number : (561)842-4104

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: gt@fcohenlaw.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
EMERALD LAKES TOWNHOMES HOMEOWNERS ASSOCIATION  
INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

**FILED**

2018 OCT -8 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

18 OCT -8 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

C. GOLDEN

Help

OCT 15 2018

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Emerald Lakes Townhomes Homeowners Association, Inc.

DOCUMENT NUMBER: 768921

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

Please return all correspondence concerning this matter to the following:

John R. Sheppard, Esq.

(Name of Contact Person)

Cohen Norris Wolmer Ray Telepman Cohen

(Firm/ Company)

712 U.S. Highway One, Suite 400

(Address)

North Palm Beach, FL 33408

(City/ State and Zip Code)

gt@tcohenlaw.com

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

For further information concerning this matter, please call:

John R. Sheppard

561

844-3600

at

(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

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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

**FILED**

**2018 OCT -8 AM 9:55**

SECRETARY OF STATE  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of

Emerald Lakes Townhomes Homeowners Association, Inc.

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

768921

(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**)

5842 SE Windsong Lane

Stuart, FL 34997

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

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

5842 SE Windsong Lane

Stuart, FL 34997

**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:

John R. Sheppard, Esq.

712 U.S. Highway One, Suite 400

(Florida street address)

New Registered Office Address:

North Palm Beach

(City)

Florida 33408  
(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:

<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	<u>P/D</u>	<u>Andrew Sesta</u>	<u>1111 SE Federal Highway</u>
<input type="checkbox"/> Add			<u>Suite 100</u>
<input checked="" type="checkbox"/> Remove			<u>Stuart, FL 34994</u>
2) <input checked="" type="checkbox"/> Change	<u>S/T/D</u>	<u>Grace Tallman</u>	<u>5842 SE Windsong Lane</u>
<input type="checkbox"/> Add			<u>Stuart, FL 34997</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>P/D</u>	<u>Kathleen Peters</u>	<u>5842 SE Windsong Lane</u>
<input type="checkbox"/> Add			<u>Stuart, FL 34997</u>
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>VP/D</u>	<u>Bruce Gillard</u>	<u>5842 SE Windsong Lane</u>
<input type="checkbox"/> Add			<u>Stuart, FL 34997</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D</u>	<u>Bruce Edwards</u>	<u>1111 SE Federal Highway</u>
<input type="checkbox"/> Add			<u>Suite 100</u>
<input checked="" type="checkbox"/> Remove			<u>Stuart, FL 34994</u>
6) <input type="checkbox"/> Change	<u>D</u>	<u>Ralph Newlon</u>	<u>1111 SE Federal Highway</u>
<input type="checkbox"/> Add			<u>Suite 100</u>
<input checked="" type="checkbox"/> Remove			<u>Stuart, FL 34994</u>

10-05-18 04:23pm From-

T-871 P.05/06 F-706

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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 October 4, 2017 \_\_\_\_\_

Signature Grace Tallman  
(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)

Grace Tallman  
\_\_\_\_\_  
(Typed or printed name of person signing)

Secretary/Treasurer/Director  
\_\_\_\_\_  
(Title of person signing)