

769665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

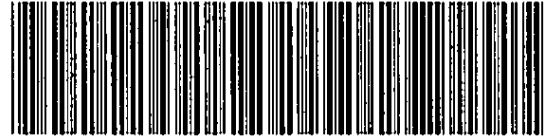
(Document Number)

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04/20/18--01014--030 \*\*60.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
19 MAY -7 PM 4:50

FILED

Amend.  
05/15/18

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2018

JAMES STEPONAVICH  
MARINA GARDENS CONDOMINIUM ASSOCIATION  
21 SHADOWSEND LANE  
MILFORD, CT 06460

SUBJECT: MARINA GARDENS CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 769665

We have received your document for MARINA GARDENS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 218A00008465

RECEIVED  
18 MAY 1 1 PM 2:12  
TALLHASSEE  
REGISTRY FOR  
CORPORATIONS

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MARINA GARDENS CONDOMINIUM ASSOCIATION, INC

DOCUMENT NUMBER: 769665

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

Please return all correspondence concerning this matter to the following:

JAMES STEPONAVICH  
(Name of Contact Person)

MARINA GARDENS CONDOMINIUM ASSOCIATION, INC.  
(Firm/ Company)

21 SHADOWS END LANE  
(Address)

MILFORD, CT. 06460  
(City/ State and Zip Code)

Jim@rmcoonline.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES STEPONAVICH at (203) 685-5275  
(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)
- \* PAID - SEE ATTACHED

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

MARINA GARDENS CONDOMINIUM ASSOCIATION, INC.

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

769665

(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:

JAMES STEPONAVICH

(Florida street address)

New Registered Office Address:

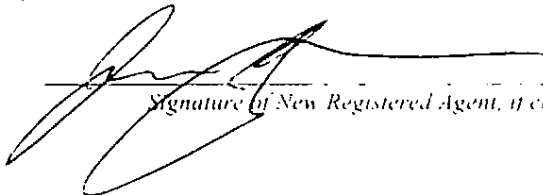
(City)

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

FILED  
18 MAY -7 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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><br>(Check One)   | <u>Title</u> | <u>Name</u>       | <u>Address</u>                                 |
|--|--------------|-------------------|--|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | PRESIDENT    | JAMES STEPONAVICH | 21 SHADOWS END LN.<br>MILFORD, CT.<br>06460    |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | VICE PRES.   | ROBERT WAGNER     | 2400 PANDORA LN.<br>CHULUOTA, FL<br>32766      |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | SECRETARY    | BETH SELFRIDGE    | 1209 ANDOVER RD<br>FORKED RIVER, NJ<br>08731   |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | TREASURER    | ANDREW MALINSKI   | 7731 BOCILLA LANE #8<br>BOKEELIA, FL<br>33922  |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | PRESIDENT    | TERRY BENGTSSON   | 7731 BOCILLA LANE #15<br>BOKEELIA, FL<br>33922 |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | VICE PRES.   | ROBERT CONDON     | 6 MCCOLLEY ROAD<br>ANTRIM, NH<br>03440         |

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

REMOVE: MINDY CONDON 6 McCOLLEY RD (SECRETARY)  
ANTRIM, NH 03440

REMOVE: SCOTT WEIDLE 6881 LIVINGSTON WOODS LN #7 (TREASURER)  
NAPLES, FL 34109

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

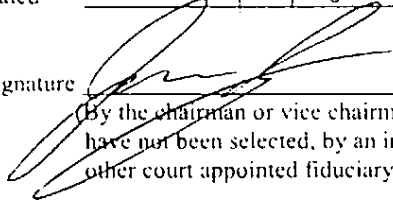
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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 5/2/18

Signature   
(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)

James Steponavich  
(Typed or printed name of person signing)

(new) President  
(Title of person signing)

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 May 2, 2018

Signature Terry Bengtsson  
(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)

TERRY BENGTSSON  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)