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(Re	questor's Name)	
(Ad-	dress)	
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(Cit	y/State/Zip/Phone	? #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
Special instructions to	riling Officer.	
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TRANSMITTAL LETTER

SUBJECT:

The Isles Homeowners Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER:

N00000006392

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

Capital Dealty Advisors Tac.

(Name of Firm/Company)

For Sendtree Or Ste 109

(Address)

Palm Beach Cardens, Fr. 33403

(City/State and Zip Code)

For further information concerning this matter, please call:

1 Mine of Person)

at (561 624 - 5888)

(Name of Person)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

TO:

Amendment Section Division of Corporations

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: _	The Is	les Homeo	owners Association
DOCUMENT NUMBER:	Nooc	00006392	2
The enclosed Articles of Amendm	nent and fee are subm	nitted for filing.	
Please return all correspondence c	oncerning this matte	r to the following:	
	_		
		(Name of Contact Person	99
		(Name of Contact Person	<i>y</i>
	Capita	L Realty (Firm/Company)	Advisors INC
		, ,	
	eD Sai	active D	r. Ste. 189
To	alm Bea	ch Garde	ns, FL 33 493
	1	(City/ State and Zip Code	e) /
	LV	MOORE B	CRA. EMAIL
E-maii	address: (to be used	tor tuture annual report i	notification)
For further information concerning	g this matter, please o	call:	
Donn	aTagg	at	rea Code) (Daytime Telephone Number)
(Nam	e of Contact Dersen)	(Ar	rea Code) (Daytime Telephone Number)
Enclosed is a check for the follow	ing amount made pay	yable to the Florida Depa	artment of State:
\$35 Filing Fee S	43.75 Filing Fee & l ertificate 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 Addre	<u>88</u>	Street	<u>Address</u>
Amendment Sec	ction	Amend	ment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of		1 (1) (2) (2)
The Isks Hon	ncowne	215	Association INC.
(Name of Corporation as	currently filed w	rith the	Florida Dept. of State)
<i>N</i> a	20000	206	392
(Document	t Number of Corp	oration (if known)
Pursuant to the provisions of section 617.1006. Florida imendment(s) to its Articles of Incorporation:	Statutes, this <i>Flo</i>	orida No	For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	N	The new
name must be distinguishable and contain the word "c "Company" or "Co," may not be used in the name.	corporation" or "	incorpor	ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>			
			- · · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u>X</u>)		
D. If amending the registered agent and/or register new registered agent and/or the new registered.		s in Flor	da, enter the name of the
Name of New Registered Agent:			
_			(Florida street address)
New Registered Office Address:			() () () () () () () () () ()
			, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar witi	h and aca	rept the obligations of the position.
	Signature o	of New Ro	gistered 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	PT John I V Mike SV Sally:	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Treasurer	Tom Keys	1347 St. Lawrence Dr Palarbeach Gerdens Fl 33410
2) Change Add	P	Louis Proyect	404 Fonseca Way Palmbeach Gardens 1833410
Remove 3) Change Add			
Remove 4) Change Add			
Remove Change Add			
Remove 6) Change Add			
Remove			

If amending or adding additional Arti	(D	HEIE.
(attach additional sheets, if necessary).	(Be specific))
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The date of each amendment(s) ad-	option:	, if other than the
fate this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block locument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)	
There are no members or memb	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated Jan	23 2020	
Signature		
have not bee	namor viee chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
	Bruce Testa	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	