

N 00000006880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

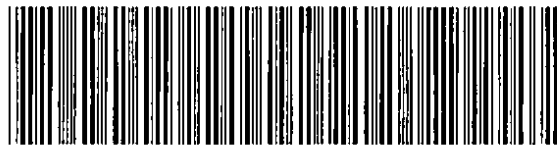
(Business Entity Name)

(Document Number)

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05/23/23--01015--011 **35.00

2023 MAY 23 10:21:01
STATE
FILE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2023

MARK CONDON
P.O. BOX 1042
SANTA ROSA BEACH, FL 32459

SUBJECT: BLUE MOUNTAIN BEACH COMMUNITY ASSOCIATION, INC.
Ref. Number: N00000006880

We have received your document for BLUE MOUNTAIN BEACH COMMUNITY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Not for Profit Corporation. Please complete and return the enclosed blank form(s).

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.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 123A00017600

2023 AUG 23 PM 2:01
DATE
AUG 23 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Blue Mountain Beach Community Association, Inc.

DOCUMENT NUMBER: NO00000006880

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

Please return all correspondence concerning this matter to the following:

Mark Condon
(Name of Contact Person)

Blue Mountain Beach Community Association, Inc.
(Firm/ Company)

P.O. Box 1042
(Address)

Santa Rosa Beach Florida 32459
(City/ State and Zip Code)

BMBCA @ BMBCA.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Condon at 904 573-5034
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

9108 JUN 23 11:21:01
DATE FILED

Articles of Amendment
to
Articles of Incorporation
of

Blue Mountain Beach Community Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N00000006880

(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:

(Principal office address MUST BE A STREET ADDRESS)

601 Blue Lake Rd
Santa Rosa Beach, FL 32459

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

No change

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:

Mark Corbin

601 Blue Lake Rd

(Florida street address)

New Registered Office Address:

Santa Rosa Beach

(City)

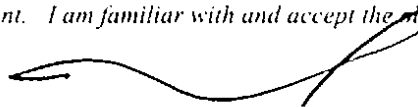
Florida

(Zip Code)

32459

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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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>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Presid</u>	<u>Tim Stewart</u>	<u>640 Blue Mountain Rd</u> <u>Santa Rosa Beach, FL 32450</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Jim Smallwood</u>	<u>111-B Blue Lake Rd</u> <u>Santa Rosa Beach, FL 3245</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Sec/TR</u>	<u>Jeanette Altieri</u>	<u>571 Blue Mountain Rd</u> <u>Santa Rosa Beach, FL 3245</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Presid</u>	<u>Mark Condon</u>	<u>101 Blue Lake Rd</u> <u>Santa Rosa Beach, FL 3245</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Marty McCurdy</u>	<u>333 Blue Lake Rd</u> <u>Santa Rosa Beach, FL 3245</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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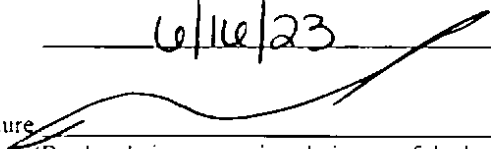
E. If amending or adding additional Articles, enter change(s) here:

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

N/A.

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 6/16/23

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)

Mark Condon
(Typed or printed name of person signing)

President
(Title of person signing)

9098 JUN 25 PM 2: 01
DATE
PH