

**NO2000007028**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 MAR 24 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**C. LEWIS**  
MAR 24 2014  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2014

TRENT GOSS  
10912 N. 56TH STREET  
TEMPLE TERRACE, FL 33617 US

SUBJECT: SANDCASTLE BEACH RESORT CONDOMINIUM ASSOCIATION,  
INC.  
Ref. Number: N02000007028

We have received your document for SANDCASTLE BEACH RESORT CONDOMINIUM 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):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 814A00005419

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sandcastle Beach Resort Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N02000007028

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

Please return all correspondence concerning this matter to the following:

**Trent Goss**

Name of Contact Person

Firm/Company

**10912 N. 56th. Street**

Address

**Temple Terrace, FL. 33617**

City/State and Zip Code

**Sharon@sks-management.com**

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

For further information concerning this matter, please call:

**Trent Goss**

Name of Contact Person

at ( **813** ) **980-2817**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**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

APPROVED  
AND  
FILED

14 MAR 24 AM 8: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**SANDCASTLE BEACH RESORT CONDOMINIUM ASSOCIATION, INC.**

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

**N02000007028**

(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**)

\_\_\_\_\_ **200 Gulf Dr. S., Bradenton Beach, FL. 34217**

**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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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	_____	_____	_____
<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			_____

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

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

APPROVED  
AND  
FILED

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the  
date this document was signed. 14 MAR 24 AM 8:22

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

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

3-19-14

Signature

SEE BELOW

(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)

Trent Goss

(Typed or printed name of person signing)

(Title of person signing)

PRESIDENT