

**N04 000000 885**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

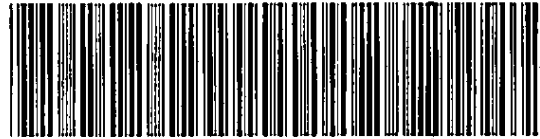
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Special Instructions to Filing Officer:

11/12  
11/25

9/29

Office Use Only



**300348855223**

07/24/20--01033--020 \*\*35.00

**RECEIVED**

JUL 21 2020

**FILED**

2020 SEP 29-A-10-36

CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

*Amend*

10/9/20

DC

2021 09 15 1:05



RECEIVED  
SEP 21 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2020

SP 9/22  
STEPHANIE BRIENZA  
CAPITAL REALTY ADVISORS, INC.  
600 SANDTREE DR. STE 109  
PALM BEACH GARDENS, FL 33403

SUBJECT: HARBOUR OAKS AT PALM BEACH GARDENS HOMEOWNERS  
ASSOCIATION, INC.  
Ref. Number: N04000000885

We have received your document for HARBOUR OAKS AT PALM BEACH  
GARDENS HOMEOWNERS 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 current name of the entity is as referenced above. Please correct your  
document accordingly.

Please check the appropriate box on the amendment form regarding the  
adoption of the amendment(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) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 120A00017529

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Harbour Oaks at Palm Beach Gardens Homeowners Association, Inc.

DOCUMENT NUMBER: N04000000885

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

Please return all correspondence concerning this matter to the following:

Stephanie Brienza

(Name of Contact Person)

Capital Realty Advisors, Inc.

(Firm/ Company)

600 Sandtree Dr. Ste 109

(Address)

Palm Beach Gardens. FL 33403

(City/ State and Zip Code)

lmoore@cra.email

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

For further information concerning this matter, please call:

Stephanie Brienza

(Name of Contact Person)

at (561) 422-6949

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

HARBOUR OAKS AT PALM BEACH GARDENS HOMEOWNERS ASSOCIATION, INC.

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

N04000000885

(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:

New Registered Office Address:

(Florida street 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

2000 SEP 29 A 10 36  
STATE  
OF FLORIDA  
DEPT. OF STATE

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>D</u>	<u>Susan Phillips</u>	<u>2487 San Pietro Cir</u>
<input type="checkbox"/> Add			<u>Palm Beach Gardens, FL 33410</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>Ted Hyde</u>	<u>11754 Valencia Gardens Ave.</u>
<input checked="" type="checkbox"/> Add			<u>Palm Beach Gardens, FL 33410</u>
<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			



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)

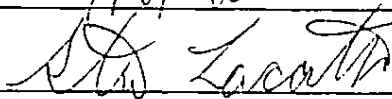
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ 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

7/8/20

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)

Steve Lacativa

(Typed or printed name of person signing)

President

(Title of person signing)