

N04000006459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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15 AUG 21 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amnd.

AUG 27 2015

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2015

TRQ-TRANQUILITY CONDOMINIUM
C/O SIGNATURE PROPERTY MGMT.
459 NW PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 34983

SUBJECT: TRANQUILITY CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N04000006459

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your check with a note stating what the money is intended for.

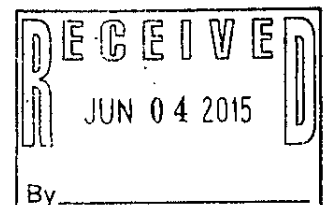
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Darlene Connell
Regulatory Specialist III

Letter Number: 415A00011142

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



www.sunbiz.org

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

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tranquility Condominium Association, Inc

DOCUMENT NUMBER: N04000006459

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

Please return all correspondence concerning this matter to the following:

Chris Wadsworth

(Name of Contact Person)

c/o Signature Property Management, LLC

(Firm/ Company)

738 Colorado Avenue

(Address)

Stuart, FL 34994

(City/ State and Zip Code)

stephanie@signaturepropertymgmt.com

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

For further information concerning this matter, please call:

Chris Wadsworth

772

219-4474

at

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Tranquility Condominium Association, Inc.

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

N04000006459

(Document Number of Corporation (if known))

FILED
15 AUG 21 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**)

738 Colorado Avenue

Stuart, FL 34994

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

738 Colorado Avenue

Stuart, FL 34994

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:

Christopher Wadsworth c/o Signature Property Management, LLC

738 Colorado Avenue

(Florida street address)

New Registered Office Address:

Stuart

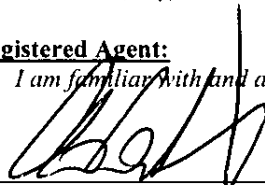
(City)

Florida 34994

(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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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) <u>XX</u> Change	<u>P</u>	<u>Matthew Callander</u>	<u>12595 SE Old Cypress Drive</u>
<u> </u> Add			<u>Hobe Sound, FL 33455</u>
<u> </u> Remove			
2) <u>XX</u> Change	<u>VP</u>	<u>Patricia Haas</u>	<u>12570 SE Old Cypress Drive</u>
<u> </u> Add			<u>Hobe Sound, FL 33455</u>
<u> </u> Remove			
3) <u>XX</u> Change	<u>S</u>	<u>Christine Steiner</u>	<u>12571 SE Old Cypress Drive</u>
<u> </u> Add			<u>Hobe Sound, FL 33455</u>
<u> </u> Remove			
4) <u>XX</u> Change	<u>T</u>	<u>Doug Pass</u>	<u>12591 SE Old Cypress Drive</u>
<u> </u> Add			<u>Hobe Sound, FL 33455</u>
<u> </u> Remove			
5) <u>XX</u> Change	<u>D</u>	<u>Alan Landvay</u>	<u>12687 SE Old Cypress Drive</u>
<u> </u> Add			<u>Hobe Sound, FL 33455</u>
<u> </u> Remove			
6) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>

[illegible]

1 May 2015

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

1 May 2015

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 1 May 2015

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)

Doug Pass _____
(Typed or printed name of person signing)

Treasurer _____
(Title of person signing)