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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. GOLDEN

OCT 17 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HARBOUR ISLE AT HUTCHINSON ISLAND EAST

DOCUMENT NUMBER: NO4000011727

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

Please return all correspondence concerning this matter to the following:

JULIE LYNCH

(Name of Contact Person)

HARBOUR ISLE EAST

(Firm/ Company)

6A HARBOUR ISLE DR. EAST

(Address)

FORT PIERCE, FLORIDA 34949

(City/ State and Zip Code)

julie.lynych@fsresidential.com

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

For further information concerning this matter, please call:

JULIE LYNCH

(Name of Contact Person)

at 772-595-3660

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2017

JULIE LYNCH
6A HARBOUR ISLE DRIVE EAST
FORT PIERCE, FL 34949

SUBJECT: HARBOUR ISLE AT HUTCHINSON ISLAND EAST CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N04000011727

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 317A00019976

RECEIVED
17 OCT 16 PM 2:17
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
2017 OCT 16 AM 10:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

HARBOUR ISLE AT HUTCHINSON ISLAND EAST
(Name of Corporation as currently filed with the Florida Dept. of State)

NO4000011727
(Document Number of Corporation (if known))

CONDOMINIUMS ASSOCIATION, INC.

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)

_____, 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 checked="" type="checkbox"/> Remove	<u>P</u>	<u>KARL TUTT</u>	_____
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>JAY SIZEMORE</u>	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>WALT DINNEEN</u>	_____
4) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>ELVIS RODRIGUEZ</u>	_____
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>PAT DELVECCHIO</u>	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

NEW BOARD

PRESIDENT : JAY SIZEMORE

VICE PRESIDENT : ANNETTE SANNIOTA

SECRETARY : WALT LYNCH

DIRECTOR : PAT DELVERCHIO

TREASURER : ELVIS RODRIGUEZ

REMOVE

KARL TUTT AS PRESIDENT

WALT DINNEEN AS TREASURER

The date of each amendment(s) adoption: 8/15/2017, 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 10/12/17

Signature Jay Sizemore

(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)

JAY SIZEMORE / PRESIDENT
(Typed or printed name of person signing)

BOARD PRESIDENT
(Title of person signing)