## N0500001727

(Requestor's Name)	
(Address)	<del></del>
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: VISTANNA V	VILLAS MASTER ASSOCIATION, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
JOSEPH A. BARE	
	(Name of Contact Person)
VARNUM LLP	
	(Firm/ Company)
4501 TAMIAMI TRAIL NORTH, SUITE 350	
	(Address)
NAPLES, FL 34103	
	(City/ State and Zip Code)
jabare@varnumlaw.com	
E-mail address: (to b	be used for future annual report notification)
For further information concerning this matter,	please call:
JOSEPH A. BARE	239 373-8022 at
(Name of Contact I	
Enclosed is a check for the following amount n	nade payable to the Florida Department of State;
☐ \$35 Filing Fee ☐ \$43.75 Filing Fe Certificate of S	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

: •

VISTANNA VILLAS MASTER ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florid	la Dept, of State)	2004/101/-4	<i>r</i>
N05000001227		1011 (I.J., 12)	Lm 5: 55
(Document Nu	umber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit	Corporation adopts	the following
A. If amending name, enter the new name of the corpo	oration:		
	·		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the	abbreviation "Corp.	," or "Inc,"
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRE</u>	ESS ) 4501 TAMIAMI TRAIL NORTH, SUITE 350		
	NAPLES, FL 34103		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	4501 TAMIAMI TRAIL NOF	RTH. SUITE 350	
	NAPLES, FL 34103		
D. If amending the registered agent and/or registered new registered agent and/or the new registered office.		ne name of the	
Name of New Registered Agent:	<del> </del>	<del> </del>	
New Registered Office Address:	(Florida stree	t address)	
M 112 M		F1 1	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		gations of the positio	n.
	Signature of New Registered Age	ent, 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.

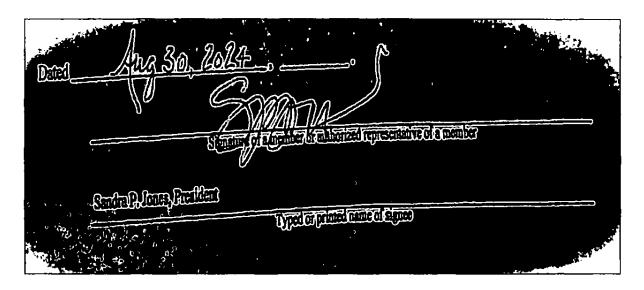
Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	PT         John Do           V         Mike Jo           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change Add			<u> </u>
Remove			
2) Change Add			
Remove  3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
-			
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	·	if other than the
date this document was signed.		
Effective date if applicable:		
(n	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not be it of State's records.	e listed as the
Adoption of Amendment(s) (	CHECK ONE)	
☐ The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.





## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2024

JOSEPH BARE 4501 TAMIAMI TRAIL NORTH SUITE 350 NAPLES, FL 34103

SUBJECT: VISTANNA VILLAS MASTER ASSOCIATION, INC.

Ref. Number: N05000001227

We have received your document for VISTANNA VILLAS MASTER ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$10.00.

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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

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.

Anissa Butler Regulatory Specialist II

Letter Number: 824A00020668

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