

N05 000000 1361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

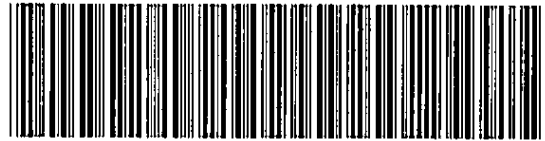
(Document Number)

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JH

2021 AUG 16 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



RECEIVED

2021 AUG 16 PM 12:14

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2021

CHERYL MAYMON  
201 W MARION AVE  
SUITE 1214  
PUNTA GORDA, FL 33950 US

SUBJECT: NORTH PORT WAREHOUSE CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N05000001361

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

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

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 421A00017461

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** North Port Warehouse Condominium Association, Inc.

**DOCUMENT NUMBER:** NO5000001361

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

Please return all correspondence concerning this matter to the following:

Cheryl Maymon  
(Name of Contact Person)

CAM Realty of SW Florida  
(Firm/ Company)

201 W Marion Ave, Suite 1214  
(Address)

Punta Gorda, FL 33950  
(City/ State and Zip Code)

billing@camrealty.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Maymon at 941 - 833 - 0083  
(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 &<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

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

North Port Warehouse Condominium Association, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

2021 AUG 16 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NO5000001361

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

201 W Marion Ave

Suite 1214

Punta Gorda, FL 33950

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:

Cheryl Maymon

201 W Marion Ave, Suite 1214

(Florida street address)

New Registered Office Address:

Punta Gorda

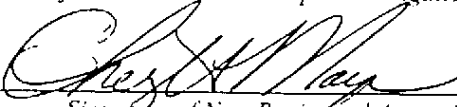
(City)

Florida 33950

(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  
2021 AUG 16 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DPT</u>	<u>Matt Uebelacker</u>	<u>2845 Commerce Pkwy</u> <u>North Port, FL 34289</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DVS</u>	<u>Greg Byrd</u>	<u>5247 Hickory Wood Dr.</u> <u>Naples, FL 34119</u>
3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Jeffery Leonard</u>	<u>2845 Commerce Pkwy</u> <u>North Port, FL 34289</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Adam Pacyga</u>	<u>1050 Innovation Ave #B115</u> <u>North Port, FL 34289</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Adam Tar</u>	<u>22232 Westchester Blvd</u> <u>Port Charlotte, FL 33952</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Ken Wyant</u>	<u>4971 Summertree Rd</u> <u>Venice, FL 34293</u>

E. If amending or adding additional Articles, enter change(s) here:

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

N/A

**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>    </u> Change <u>  X  </u> Add <u>    </u> Remove	<u>I</u>	<u>Chris Flowers</u>	<u>1090 Innovation Ave #A116</u> <u>North Port, FL 34289</u>
2) <u>    </u> Change <u>    </u> Add <u>    </u> Remove	<u>        </u>	<u>                                </u>	<u>                                </u>
3) <u>    </u> Change <u>    </u> Add <u>    </u> Remove	<u>        </u>	<u>                                </u>	<u>                                </u>
4) <u>    </u> Change <u>    </u> Add <u>    </u> Remove	<u>        </u>	<u>                                </u>	<u>                                </u>
5) <u>    </u> Change <u>    </u> Add <u>    </u> Remove	<u>        </u>	<u>                                </u>	<u>                                </u>
6) <u>    </u> Change <u>    </u> Add <u>    </u> Remove	<u>        </u>	<u>                                </u>	<u>                                </u>

**E. If amending or adding additional Articles, enter change(s) here:**

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

N/A

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ 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

8/10/2021

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)

Adam Bucyga

(Typed or printed name of person signing)

President

(Title of person signing)