

N050000003428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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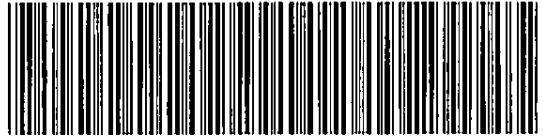
(Business Entity Name)

(Document Number)

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200402186932

Amend

02/17/23--01011--015 \*\*35.00

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2023 FEB 17 PM 12 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY

APR 26 2023

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Shady Palms Condominium Association Inc.

DOCUMENT NUMBER: NO5000003428

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

Please return all correspondence concerning this matter to the following:

Pelate A Zotto  
(Name of Contact Person)

Shady Palms Condominium Association Inc.  
(Firm/ Company)

2048 Windbrook Dr SE  
(Address)

Palm Bay FL 32909  
(City/ State and Zip Code)

pelatezotto@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pelate Zotto at 321-626-1184  
(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  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOS 000003428  
(Document Number of Corporation (if known))

**A. If amending name, enter the new name of the corporation:**

**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: \_\_\_\_\_

(Florida street address)

New Registered Office 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 | PT | John Doe    |
| <input checked="" type="checkbox"/> Remove | V  | Mike Jones  |
| <input checked="" type="checkbox"/> Add    | SV | Sally Smith |

| Type of Action<br>(Check One)   | Title | Name                 | Address   |
|---|-------|----------------------|---|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add                                    | P     | David P. Gruberg     | 7677 Overseas Hwy Unit 1<br>Islamorada FL 33036 |
| <input checked="" type="checkbox"/> Remove  |       |                      |   |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add                                    | VP    | Catherine LEON       | 320 SW 11th Place<br>Boca Raton FL 33432        |
| <input checked="" type="checkbox"/> Remove  |       |                      |   |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove |       |                      |   |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add                         | P     | Rab Sassaman         | 9805 Portside Terrace<br>Bradenton FL 34712     |
| <input type="checkbox"/> Remove   |       |                      |   |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add                         | VP    | Joseph E. Bartolomei | 6106 Creekside Trail<br>Jupiter FL 33468        |
| <input type="checkbox"/> Remove   |       |                      |   |
| 6) <input type="checkbox"/> Change<br><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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)

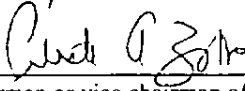
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 February 10<sup>th</sup> 2023

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)

Perote A. Zotts  
(Typed or printed name of person signing)

Secretary/Treasurer  
(Title of person signing)