

N05000009017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

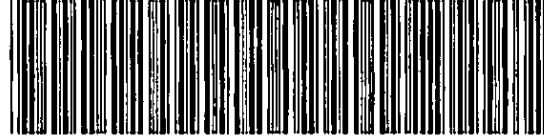
(Business Entity Name)

(Document Number)

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2022 JUL -7 PM 2:41

STATE OF FLORIDA

ef 7/13/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Villas at Tramore Condominium Association, INC.

DOCUMENT NUMBER: N 0.5000009017

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

Please return all correspondence concerning this matter to the following:

Julia Seiwell

(Name of Contact Person)

N/A

(Firm/ Company)

10197 TRAMORE AVE. Unit 2

(Address)

Englewood Florida 34224

(City/ State and Zip Code)

jseiwell@yahoo.com

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

For further information concerning this matter, please call:

Julia Seiwell

(Name of Contact Person)

at 941-716-5110

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUL -7 AM 10:56

SEC. OF STATE
TALLAHASSEE, FL

May 14, 2022

JULIA SEIWELL
10197 TRAMORE AVENUE #2
ENGLEWOOD, FL 34224

SUBJECT: THE VILLAS AT TRAMORE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000009017

We have received your document for THE VILLAS AT TRAMORE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Pages 1, 3 and 4 are missing.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 522A00011078

Articles of Amendment
to
Articles of Incorporation
of

FILED

THE VILLAS AT TRAMORE CONDOMINIUM ASSOCIATION, INC.

2022 JUN -7 PM 2:4

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

NO5000009017

(Document Number of Corporation (if known))

STATE
OFFICE, FL

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**)*

10197 TRAMORE Ave. Unit 2
ENGLEWOOD, FLORIDA 34224

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: JULIA SEIWELL

10197 TRAMORE Ave. Unit 2
(Florida street address)

New Registered Office Address: ENGLEWOOD, Florida 34224
(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.

Julia Seiwell
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 (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	PTD	Arlene Fisher	5651 Camino Del Sol #301 Boca Raton, Fla. 33433
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	VSD	Carrie Fisher	23205C Fountain View Boca Raton, Fla. 33433
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	PTSD	Julia Seiwel	10197 Tramore Ave #2 Englewood, Fl. 34224
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VD	John Allen	10195 Tramore ^{Ave} Unit 1 Englewood, Fla. 34224
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
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)

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Lined area for text entry.

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.

X

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 June 25, 2022

Signature Julia Seiwel

(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)

JULIA Seiwel
(Typed or printed name of person signing)

President + Register agent of HOA
(Title of person signing)