

NO5000009927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

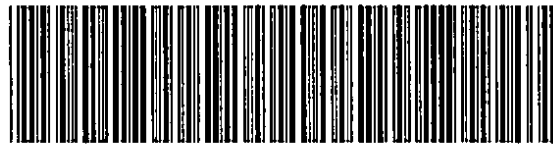
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800310316208

03/12/18--01008--004 **35.00

MAR 13 2018

FILED

18 MAR 12 PM 1:55

THOMAS S. RECICAR, P.A.

ATTORNEY AT LAW

1735 CARLTON STREET
LONGWOOD, FLORIDA

32750

TELEPHONE (407) 328-7288

FACSIMILE (407) 834-2576

EMAIL: TREICAR@BELLSOUTH.NET

March 7, 2018

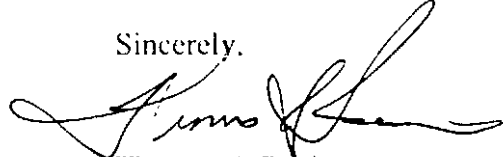
Secretary of State
Division of Corporations
Amendment Section
P. O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed please find a cover letter and Articles of Amendment to the Articles of Incorporation for Santa Cruz Condominium Association, Document No. **M05000009927**, along with my check in the amount of \$35.00 for the filing fee. Please record the document in the public records of the department.

If you should have any questions, please do not hesitate to contact the undersigned.

Sincerely,



Thomas S. Recicar

TSR:klr
Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SANTA CRUZ CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N05000009927

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

Please return all correspondence concerning this matter to the following:

CLEVELAND D. WEST

(Name of Contact Person)

(Firm/ Company)

55342 CLAIRE STREET

(Address)

ASTOR, FL 32102

(City/ State and Zip Code)

CWEST55088@AOL.COM

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

For further information concerning this matter, please call:

CLEVELAND D. WEST

352

284-2333

at

(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:

☒ \$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

Articles of Amendment
to
Articles of Incorporation
of

SANTA CRUZ CONDOMINIUM ASSOCIATION, INC.

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

N05000009927

(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:

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)

1611 S. SR 15-A, Ste 3 & 4

DELAND, FL 32720

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

55342 CLAIRE ST.,

ASTOR, FL 32102

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:

CLEVELAND D. WEST

55342 CLAIRE ST.

(Florida street address)

New Registered Office Address:

ASTOR

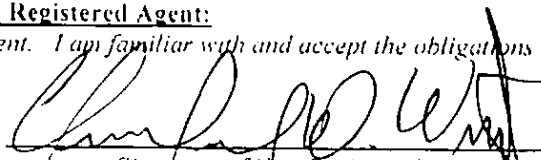
(City)

Florida 32102

(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 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/D</u>	<u>C. WILLIAM HARKINS</u>	<u>3595 W. Lake Mary Blvd., Ste B</u> <u>Lake Mary, FL 32746</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V/S/D</u>	<u>MATTHEW W. HARKINS</u>	<u>3595 W. Lake Mary Blvd., Ste. B</u> <u>Lake Mary, FL 32746</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T/D</u>	<u>MARK W. HARKINS</u>	<u>3595 W. Lake Mary Blvd., Ste B</u> <u>Lake Mary, FL 32746</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P/D</u>	<u>CLEVELAND D. WEST</u>	<u>55342 Claire St.</u> <u>Astor, FL 32102</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V/D</u>	<u>CHRISTOPHER D. WEST</u>	<u>55342 Claire St.</u> <u>Astor, FL 32102</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S/T/D</u>	<u>MELANIE CERRA</u>	<u>P. O. BOX 9720</u> <u>Tavernier, FL 33070</u>

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: March 7, 2018 if other than the date this document was signed.

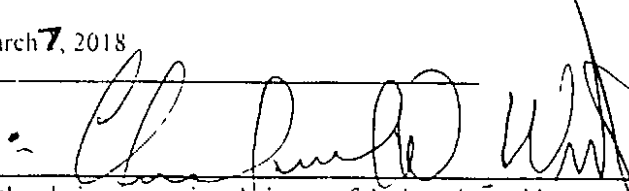
Effective date if applicable: March 7, 2018
(no more than 90 days after amendment file date)

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 March 7, 2018

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)

CLEVELAND D. WEST

(Typed or printed name of person signing)

President

(Title of person signing)