

ND50 00010860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

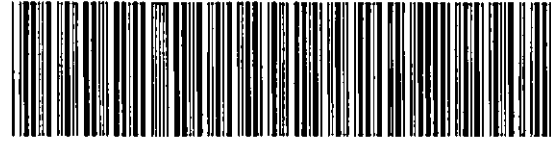
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200302280172

08/11/17--01008--023 **35.00

FILED
2017 AUG 24 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

AUG 24 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Renaissance (Ft. Myers) Condominium Association, Inc

DOCUMENT NUMBER: N05000010860

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

Please return all correspondence concerning this matter to the following:

Troy Futch

(Name of Contact Person)

Coastal Association Services, LLC

(Firm/ Company)

PO Box 152930

(Address)

Cape Coral, FL 33915

(City/ State and Zip Code)

info@coastalassociation.biz

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

For further information concerning this matter, please call:

Troy Futch

239

689-3080

(Name of Contact Person)

at (Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2017

TROY FUTCH
COASTAL ASSOCIATION SERVICES, LLC
P.O. BOX 152930
CAPE CORAL, FL 33915

SUBJECT: RENAISSANCE (FT. MYERS) CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000010860

We have received your document for RENAISSANCE (FT. MYERS) 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):

A post office box is not an acceptable address for the registered agent.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 017A00016806

→ Changed on the sheet.

~~Thank you!~~ Thank you!

RECEIVED
17 AUG 24 PM 2:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Renaissance (Ft Myers) Condominium Association, Inc

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

N05000010860

(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:

na 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)

12553 New Brittany Blvd #32

Fort Myers, FL 33907

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 152930

Cape Coral, FL 33915

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:

Coastal Association Services, LLC

~~PO Box 152930~~

12553 New Brittany Blvd #32
(Florida street address)

New Registered Office Address:

~~Cape Coral~~

Ft Myers
(City)

Florida

~~33915~~

33907
(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 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 checked="" type="checkbox"/> Change	<u>P</u>	<u>Carol Yanow</u>	<u>PO Box 152930</u>
<input type="checkbox"/> Add			<u>Cape Coral, FL 33915</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>S/T</u>	<u>Lisa Marinello</u>	<u>PO Box 152930</u>
<input type="checkbox"/> Add			<u>Cape Coral, FL 33915</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>Kevin Hammel</u>	<u>PO Box 152930</u>
<input checked="" type="checkbox"/> Add			<u>Cape Coral, FL 33915</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>Jenniphe Rodriguez</u>	<u>PO Box 152930</u>
<input checked="" type="checkbox"/> Add			<u>Cape Coral, FL 33915</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D</u>	<u>Michele Hylton-Terry</u>	<u>PO Box 152930</u>
<input checked="" type="checkbox"/> Add			<u>Cape Coral, FL 33915</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change		<u>P- Jack Russel and D- Judith Richard:</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

n/a

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

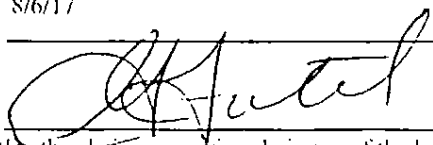
Effective date if applicable: n/a
(no more than 90 days after amendment file date)

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)

- n/a*
- ☐ 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 8/6/17

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)

Genna Futch

(Typed or printed name of person signing)

Admin Assistant

(Title of person signing)