

NO5000011478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

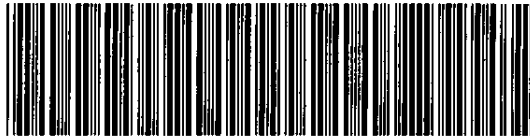
(Business Entity Name)

(Document Number)

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FILED
10 MAY 20 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3 Roberts MAY 20 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2010

STEPHEN V. HOFFMAN, ESQ.
MASTRIANA & CHRISTIANSEN, PA
1500 N. FEDERAL HWY, STE 200
FORT LAUDERDALE, FL 33304

SUBJECT: CORAL POINT OF FORT LAUDERDALE CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N05000011478

We have received your document for CORAL POINT OF FORT LAUDERDALE 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):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Attorney is not an acceptable signature.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 510A00010397

RECEIVED
2010 MAY 20 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Coral Point of Fort Lauderdale Condominium Association

DOCUMENT NUMBER: N05000011478

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

Please return all correspondence concerning this matter to the following:

Stephen V. Hoffman, Esq.

(Name of Contact Person)

Mastriana & Christiansen, PA

(Firm/ Company)

1500 N. Federal Highway, Suite 200

(Address)

Fort Lauderdale, FL 33304

(City/ State and Zip Code)

Steve@m-c-law.com

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

For further information concerning this matter, please call:

Stephen V. Hoffman, Esq.

(Name of Contact Person)

at (954) 566-1234 x225

(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

FILED
10 MAY 20 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Coral Point of Fort Lauderdale Condominium Association, Inc.

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

N05000011478

(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**)*

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

(Attach additional sheets, if necessary)

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

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

Fred Geibelt title is to change to President / Director.

The date of each amendment(s) adoption: March 31, 2010

(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

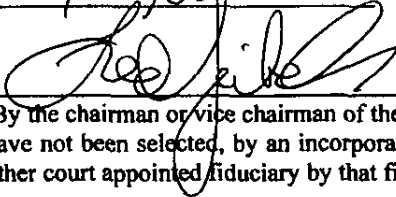
☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ 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

MAY 11, 2010

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)

FRED GEIBELT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)