

N 05899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

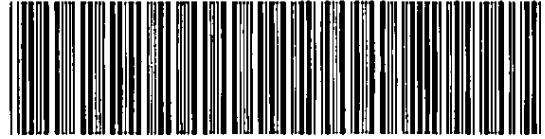
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LANDMARK AT HILLSBORO CONDOMINIUM ASSN, INC.

DOCUMENT NUMBER: N 05899

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

Please return all correspondence concerning this matter to the following:

ALYN WEINBAUM  
(Name of Contact Person)

LANG MANAGEMENT  
(Firm/ Company)

790 PARK OF COMMERCE BLVD SUITE 200  
(Address)

Boca Raton FLORIDA 33487  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

ALYN WEINBAUM at 561-750 8800 EXT 214  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2019 DEC 27 PM 12:02

RECEIVED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2019

ALYN WEINBAUM  
LANG MANAGEMENT  
790 PARK OF COMMERCE BLVD - STE. 200  
BOCA RATON, FL 33487

SUBJECT: LANDMARK AT HILLSBORO CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N05899

We have received your document for LANDMARK AT HILLSBORO CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The 1st page is missing.

The document is illegible and not acceptable for imaging.

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: 519A00025629

Articles of Amendment  
to  
Articles of Incorporation  
of

LANDMARK AT HILLSBORO CONDOMINIUM ASSOCIATION, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N 05899

(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)

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

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TALLAHASSEE, FLORIDA

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**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: CARROLL, KEVIN, M

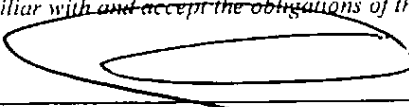
790 PARK OF COMMERCE  
(Florida street address)

New Registered Office Address:

BOCA RATON, Florida 33487  
(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	<u>PT</u>	<u>John Doe</u>
<input checked="" 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>
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- |                                                                                                       |          |                              |                                                                      |
|-------------------------------------------------------------------------------------------------------|----------|------------------------------|----------------------------------------------------------------------|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add                                    | <u>P</u> | <u>MASSENGALE, STEPHANIE</u> | <u>1021 HILLSBORD MILE 1205</u><br><u>HILLSBORD BEACH, FL 33062</u>  |
| <input checked="" type="checkbox"/> Remove                                                            |          |                              |                                                                      |
| 2) <input checked="" type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add              | <u>P</u> | <u>HERNANDEZ, MANNY</u>      | <u>1021 HILLSBORD MILE #1201</u><br><u>HILLSBORD BEACH, FL 33062</u> |
| <input 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 type="checkbox"/> Add<br><input type="checkbox"/> Remove |          |                              |                                                                      |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove |          |                              |                                                                      |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove |          |                              |                                                                      |

Page 2 of 4

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

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

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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.

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 NOVEMBER 13, 2019.

Signature Manuel R Hernandez  
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator or if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

~~Manuel~~ MANUEL R. HERNANDEZ  
(Typed or printed name of person signing)

President  
(Title of person signing)