10600000 4038

| (Requestor's Name) (Address) | |
|------------------------------------------------------------|--------------------------|
| (Address) | 9003531 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 10/07/20010 |
| (Business Entity Name) | |
| (Document Number) Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | S TALLENT DEC 22 2320 |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2020

PERRY J. STAMOS WILSON CROSSINGS CONDOMINIUM ASSOCIATION 221 W OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311

SUBJECT: WILTON CROSSINGS CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N06000004038

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Susan Tallent Regulatory Specialist II

Letter Number: 820A00022999

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Wilton Cra | ussings Conder | ninium Association Fac. |
|----------------------------------------------------------------|-------------------------------------|----------------------------------------------|
| DOCUMENT NUMBER: NO60000 | . – | <u>'</u> |
| The enclosed Articles of Amendment and fee are subm | nitted for filing. | |
| Please return all correspondence concerning this matte | er to the following: | |
| | | |
| Perry J. Stam | 05 | |
| , | (Name of Contact Person |) |
| Wilton Crossings | Condominion | Association, Inc. |
| | | |
| 331 W Cakland | Park Bost | evard |
| | (Address) | |
| Fort Lauderdale , FL | 33311 | |
| 1 | (City/ State and Zip Code | ·) |
| PStanoso gaddis Capi E-mant-numess: (to be used | ital.Com Tor future annual report i | notification) |
| For further information concerning this matter, please | | |
| Perco & Stances | <i>9</i> : | 64-665-900 |
| (Name of Contact Person) |) at <u>(Are</u> | ca Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | yable to the Florida Depa | rtment of State: |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status | Certified Copy | □\$52.50 Filing Fee Certificate of Status |
| | (Additional copy is enclosed) | Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section | | Address |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| Willon Gossings Condomini | |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| (Name of Corporation as currently filed with the Florida | Dept. of State) |
| N06000004038 | |
| (Document Numb | per of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation: | es, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation | tion: |
| | The new |
| name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name. | tion" or "incorporated" or the abbreviation "Corp." or "Inc." |
| Company of Co. may not be used in the name. | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS |) |
| | |
| | 2020 DEC |
| C. Enter new mailing address, if applicable: | 030 |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| | |
| D. If amending the registered agent and/or registered offi | |
| new registered agent and/or the new registered office a | iddress: |
| Name of New Registered Agent: Perf | J. Stames |
| ୵୶୕ଌ | W Oakland Park BIVD. |
| New Registered Office Address: | (Florida street address) |
| New Registered Office Address. | 1 |
| Yolx | huderdale Florida 33311 |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered | |
| I hereby accept the appointment as registered agent. I am fa | miliar with and accept the obligations of the position. |
| 15 | |
| Si | ighature of New Registered Agent, if changing |
| | |

| and address of each Off (Attach additional sheets Please note the officer/di P = President; V = Vice I | ficer and/or Dire t, if necessary) trector title by the President; T= Tre Chief Financial | ctor being added: first letter of the office title: easurer; S= Secretary; D= Direct Officer. If an officer/director ho | each officer/director being removed and title, name, or; TR= Trustee; C = Chairman or Clerk; CEO = Chief elds more than one title, list the first letter of each office |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove | ives the corporation | on. Sally Smith is named the V an | isted as the PST and Mike Jones is listed as the V. There is d S. These should be noted as John Doe, PT as a Change, |
| Example: X Change X Remove X Add | PT John D V Mike J SV Sally S | lones | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| I) Change Add | | | |
| Remove | | | |
| 2) Change Add | | | |
| Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addin (attach additional sheet | g additional Artiss, if necessary). | icles, enter change(s) here: (Be specific) | |

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| The law of and | | |
| date this document was signed. | | , if other than the |
| Effective date <u>if applicable</u> : | | |
| (m | o more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does a document's effective date on the Department | not meet the applicable statutory filing requirements, this date will not be of State's records. | e listed as the |
| Adoption of Amendment(s) | CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by was/were sufficient for approval. | y the members and the number of votes cast for the amendment(s) | |

| Dated | DEC. 7 2020 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature | Time of the |
| 1 | (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| | Perry J. Stamos |
| | (Typed or printed name of person signing) |