

N 00000004619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

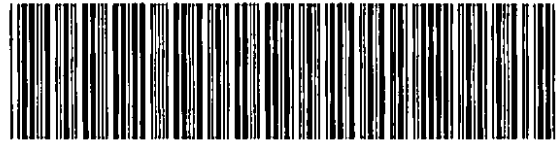
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2017 OCT 31 AM 11:46

C. GOLDEN

NOV 01 2017

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: St Lucie West office Condominium Assoc, Inc  
DOCUMENT NUMBER: NO6 00000 4619

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

Please return all correspondence concerning this matter to the following:

Pam Le Pere  
(Name of Contact Person)

St Lucie West office Condominium Assoc, Inc  
(Firm/ Company)

312 NW Bethany Drive  
(Address)

Port St Lucie, FL 34986  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Pam Le Pere at 772 - 343 - 8772  
(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:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

September 1, 2017

PAM LEPERE  
312 NW BETHANY DRIVE  
PORT ST. LUCIE, FL 34986

SUBJECT: ST. LUCIE WEST OFFICE CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N06000004619

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 217A00018200

RECEIVED  
7 OCT 31 AM 2:56  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2017

PAM LE PERE  
312 NW BETHANY DRIVE  
PORT ST. LUCIE, FL 34986

SUBJECT: ST. LUCIE WEST OFFICE CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N06000004619

The new address is incomplete, please provide the complete current mailing address of the fictitious name.

The current name of the entity is as referenced above. Please correct your document accordingly.

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 117A00016031

REC'D  
17 SEP -1 PM 1:11  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

Articles of Amendment  
to  
Articles of Incorporation  
of

St Lucie West Office Condominium Association

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

NO6 00000 4619

(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)

312 NW Bethany Drive  
Port St Lucie, FL  
34986

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

312 NW Bethany Drive  
Port St Lucie, FL  
34986

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:

Pam LePere

312 NW Bethany Drive

(Florida street address)

New Registered Office Address:

Port St Lucie

(City)

Florida 34986

(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.

Pam LePere

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 type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Alicia Scott</u>	<u>430 NW Lake Whitney PL</u> <u>Port St Lucie, FL</u> <u>34986</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Brundi Warburton</u>	<u>312 NW Bethany Drive</u> <u>Port St Lucie, FL</u> <u>34986</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Pam LePere</u>	<u>312 NW Bethany Drive</u> <u>Port St Lucie, FL</u> <u>34986</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Humayun Shareef</u>	<u>312 NW Bethany Drive</u> <u>Port St Lucie, FL</u> <u>34986</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Kerri Ward</u>	<u>312 NW Bethany Drive</u> <u>Port St Lucie, FL</u> <u>34986</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Craig Cusato</u>	<u>312 NW Bethany Drive</u> <u>Port St Lucie, FL</u> <u>34986</u>

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

NA

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

Effective date if applicable: NA  
(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 10-20-17

Signature Pam LePere

(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)

Pam LePere  
(Typed or printed name of person signing)

President  
(Title of person signing)