

N06 000000 7123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

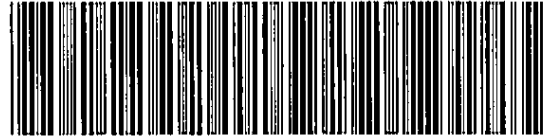
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MASSACHUSETTS
DEPARTMENT OF REVENUE

2013 OCT -7 PM 12:01

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Century Park Of St. Augustine Condominium Association, Inc.

DOCUMENT NUMBER: N06000007123

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

Please return all correspondence concerning this matter to the following:

Rebecca Houpe

(Name of Contact Person)

Ancient City Insurance

(Firm/ Company)

2800 N 5th Street, Suite 301

(Address)

St. Augustine, FL 32084

(City/ State and Zip Code)

rebecca@ancientcityinsurance.com

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

For further information concerning this matter, please call:

Larry Roselle

321

480-4200

at

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2019

REBECCA HOUPÉ
2800 N 5 ST STE 301
ST AUGUSTINE, FL 32084

SUBJECT: CENTURY PARK OF ST. AUGUSTINE CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N06000007123

We have received your document for CENTURY PARK OF ST. AUGUSTINE 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):

This is a Non-profit corporation the document you sent in is for a Profit corporation.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 419A00019551

2019 OCT -7 PM 2:46

RECEIVED

Articles of Amendment
to
Articles of Incorporation
of

Century Park Of St. Augustine Condominium Association, Inc.

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

N06000007123

(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)

2800 N 5th Street, Suite 301

St. Augustine, FL 32084

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2800 N 5th Street, Suite 301

St. Augustine, FL 32084

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:

Rebecca Houpe

2800 N 5th Street, Suite 301

(Florida street address)

New Registered Office Address:

St. Augustine

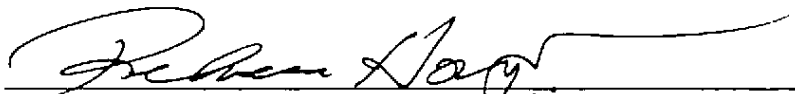
(City)

Florida 32084

(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

FILED
2019 OCT - 7 PM 12:00
CLERK OF DISTRICT COURT
ST. AUGUSTINE, FLORIDA

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>
1) <input type="checkbox"/> Change	<u>RA</u>	<u>Stacey Hummel</u>	<u>2804 N 5th Street, Suite 301</u>
<input type="checkbox"/> Add			<u>St. Augustine, FL 32084</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>Terry Durden</u>	<u>2804 N 5th Street, Suite 301</u>
<input type="checkbox"/> Add			<u>St. Augustine, FL 32084</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T</u>	<u>Kimberly Durden</u>	<u>2804 N 5th Street, Suite 301</u>
<input type="checkbox"/> Add			<u>St. Augustine, FL 32084</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>P</u>	<u>Rebecca Houpe</u>	<u>2800 N 5th Street, Suite 301</u>
<input checked="" type="checkbox"/> Add			<u>St. Augustine, FL 32084</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>ST</u>	<u>Larry Roselle</u>	<u>2800 N 5th Street, Suite 302</u>
<input checked="" type="checkbox"/> Add			<u>St. Augustine, FL 32084</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>V</u>	<u>Jude Nwoga</u>	<u>2802 N 5th Street</u>
<input checked="" type="checkbox"/> Add			<u>St. Augustine, FL 32084</u>
<input type="checkbox"/> Remove			

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 10/02/2019

Signature Kimberly J. Durden
(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)

Kimberly J. Durden
(Typed or printed name of person signing)

Treasurer
(Title of person signing)