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(R	equestor's Name)			
(A	ddress)			
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(C	ity/State/Zip/Phone #	<i>f</i>)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name	e)		
(D	ocument Number)			
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
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FILED 2018 110V -9 FM 12: 10

Amend

NOV 0 9 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Salt Springs Resor	rt Cottages Condominium A	Association Inc			
DOCUMENT NUMBI						
The enclosed Articles o	Amendment and fee are su	ibmitted for filing.				
Please return all corresp	ondence concerning this ma	atter to the following:				
S	ondra Bashaw					
	·	Name of Contact Person	n			
F	Plaza Lodge					
_	-	Firm/ Company				
F	P.O. Box 5489	Time Company				
<u>.</u>	.0. 00. 5 107	A.J. I	·			
		Address				
5	alt Springs FL 32134					
		City/ State and Zip Cod	e			
sbasha	v@eliteresorts.com					
	E-mail address: (to be u	sed for future annual report	notification)			
		•				
For further information	concerning this matter, plea	se call:				
Sondra Bashaw		at (352	685-1900			
Name of	Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:			
S35 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		Street	Address			
		Amend	lment Section			
	on of Corporations	Division of Corporations				
	30x 6327 assee FL 32314		Building vecutive Center Circle			
1 attan	355PP P1 37314	700 L	vecinive Center Curcle			

Tallahassee, FL 32301



October 23, 2018

SONDRA BASHAW PLAZA LODGE P.O. BOX 5489 SALT SPRINGS, FL 32134

SUBJECT: SALT SPRINGS RESORT COTTAGES CONDOMINIUM

ASSOCIATION, INC.

Ref. Number: N06000007714

We have received your document for SALT SPRINGS RESORT COTTAGES 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 618A00021721

Irene Albritton
Regulatory Specialist II

RECEIVED

118 NOV -9 AN 10: 46

SECRETARY SEE FL



September 25, 2018

SONDRA BASHAW PLAZA LODGE P.O. BOX 5489 SALT SPRINGS, FL 32134

SUBJECT: SALT SPRINGS RESORT COTTAGES CONDOMINIUM

ASSOCIATION, INC.

Ref. Number: N06000007714

We have received your document for SALT SPRINGS RESORT COTTAGES 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):

The form must be completed and submitted in its entirety as the complete document was not submitted.

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.

Letter Number: 518A00019981

Irene Albritton Regulatory Specialist II

Articles of Amendment of

PILED

SECULO MOV-9

MILLAM (SIZE PLOMIO) Articles of Incorporation SALT SPRINGS RESORT COTTAGES CONDOMINIUM ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

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; 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: (Florida street address) New Registered Office Address: , Florida (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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Т	Eduard Mayer	14100 N Hwy 19
Add			Suite A
Remove			Salt Springs FL 32134
2) Change	D	Dan Vankuren	P.O. Box 5443
Add			Salt Springs FL 32134
X Remove			
3) X Change	P	Marshall Larkin	P.O. Box 5487
Add			Salt Springs FL 32134
Remove			
4) Change	S	Lynn Richardson	P.O. Box 5124
X Add			Salt Springs FL 32134
Remove			
5) Change	VP	Vernon Maine	P.O Box 5452
X Add			Salt Springs FL 32134
Remove			
6) Change	Đ	Barry Schnoor	118 Paradise Dr
X Add			Welaka FL 32193
Remove			

If amending or adding additional attach additional sheets, if necessar,	y). (Be specif	îc)	_			
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		option:		if other than the
date	this document was signed.			
Effi	ective date if applicable:	······································		**************************************
			s after amendment file date)	
	te: If the date inserted in this bloc ument's effective date on the Dep		ble statutory filing requirements, th	nis date will not be listed as the
Add	option of Amendment(s)	(CHECK ONE)		
Ø	The amendment(s) was/were add was/were sufficient for approval	opted by the members and $\mathfrak t$	he number of votes cast for the amo	endment(s)
	There are no members or member adopted by the board of director		mendment(s). The amendment(s) v	vas/were
	Dated/	-/8		
	(By a direc selected, b		icer if directors or officers have ne hands of a receiver, trustee, or	
			name of person signing	
		Typed or printed	name of person signing.	
		Treasu	remove series	