

APR/30/2015/TU 04:34 PM

FAX No.

P. 001/006

Division of Corporations

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NOV0000012768

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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SECRETARY OF CORPORATION
2015 APR 30 AM 11:53

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES
Account Number : I20030000112
Phone : (239) 552-4100
Fax Number : (239) 649-0158

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LJS @ SWBCL . com

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15 APR 30 PM 5:04

CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
HERITAGE AT TEMPLE TERRACE CONDOMINIUM
ASSOCIATION,**

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$52.50

Amend/cc
@5/1/15

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Corporate Filing Menu

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(((H15000106307 3)))

COVER LETTERTO: Amendment Section
Division of CorporationsNAME OF CORPORATION: Heritage at Temple Terrace Condominium Association, Inc.DOCUMENT NUMBER: N06000012768The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leo J. Salvatori

(Name of Contact Person)

Salvatori Wood Buckel Carmichael & Lottes

(Firm/ Company)

9132 Strada Place, Fourth Floor

(Address)

Naples, FL 34108

(City/ State and Zip Code)

ljs@swbcl.com

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

For further information concerning this matter, please call:

Leo J. Salvatori

at

239552-4100

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

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APR/30/2015/THU 04:05 PM

FAX No.

((H15000106307 3)))

P. 603/006
SECRETARY OF STATE
DIVISION OF CORPORATION
2015 APR 30 AM 11:53

Articles of Amendment
to
Articles of Incorporation
of

Heritage at Temple Terrace Condominium Association, Inc.

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

N06000012768

(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)

390 Park Avenue, 15th Floor

New York, NY 10022

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

390 Park Avenue, 15th Floor

New York, NY 10022

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:

Salvatori Wood Buckel Carmichael & Lottes

9132 Strada Place, Fourth Floor

(Florida street address)

New Registered Office Address:

Naples

(City)

Florida 34108

(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

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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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P, T	Paul Beauilleu	103 Rosedale Drive
<input type="checkbox"/> Add			Lafayette, LA 70508
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	V	Cecily Broussard	103 Rosedale Drive
<input type="checkbox"/> Add			Lafayette, LA 70508
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	S	Rose Mozingo	102 Maroldy Drive, #202
<input type="checkbox"/> Add			Temple Terrace, FL 33617
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	P	Jonathan Shechtman	390 Park Avenue, 15th Floor
<input checked="" type="checkbox"/> Add			New York, NY 10022
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	V	Brian Kennedy	390 Park Avenue, 15th Floor
<input checked="" type="checkbox"/> Add			New York, NY 10022
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	S, T	Lori Krull	390 Park Avenue, 15th Floor
<input checked="" type="checkbox"/> Add			New York, NY 10022
<input type="checkbox"/> Remove			

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The date of each amendment(s) adoption: 4/20/15, 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 4/29/15

Signature [Signature]

(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)

Jonathan Shechtman

(Typed or printed name of person signing)

President

(Title of person signing)

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