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(Requestor's Name) (Address) (Address)	500293568005
(City/State/Zip/Phone #)	12/27/1601014002 **35.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: 2 32 January Alling Carnerd Office Use Only	FILED 17 JAN 23 PH 2: 21 TALLAHASSEE. FLOFIDE TALLAHASSEE. FLOFIDE
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COVER LETTER

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TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Fountain Gate Condominium Association, Inc.

DOCUMENT NUMBER: N06105

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

Please return all correspondence concerning this matter to the following:

Kim Balasiewicz

Name of Contact Person

Madison Property Management Solutions, LLC Firm/ Company

6960 Bonneval Road Suite 302

Address

Jacksonville, Florida 32216

City/ State and Zip Code

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

For further information concerning this matter, please call:

Irene Richardson	n	at (904) 641-1858		
Name of	f Contact Person	Area Co	de & Daytime Telephone Nu	mber	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	TAL IT	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Statistics of the second secon	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	JAN 23 PM CRETANY OF LAHASSEE. F	
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 bassee, FL 32314	Ameno Divisio Cliftor	<u>Address</u> Iment Section on of Corporations a Building Executive Center Circle	2:21 STATE LORIDE	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2017

IRENE RICHARDSON MADISON PROPERTY MANAGEMENT SOLUTIONS 6960 BONNEVAL RD., #302 JACKSONVILLE, FL 32216

2 17 2017

SUBJECT: FOUNTAIN GATE CONDOMINIUM ASSOCIATION, INC. Ref. Number: N06105

We have received your document for FOUNTAIN GATE 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):

They way you have submitted this filing it will require to filing fees. If you will just complete the attached amendment form it will be just one filing fee.

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.

Diane Cushing Senior Section Administrator

Letter Number: 417A00000382

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	mendment corporation
Articles of A	mendment Prof. 5
to Articles of Inc	corporation
of	
	ominium Association, Inc.
	ly filed with the Florida Dept. of State)
(Document Number o	05 f Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
If amending name, enter the new name of the corporation:	
	The new
me must be distinguishable and contain the word "corporatio Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " ord "chartered," "professional association," or the abbreviation "	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	6960 Bonneval Road Suite 302
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	Jacksonville, Florida 32216
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	6960 Bonneval Road Suite 302
	Jacksonville, Florida 32216
If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>s:</u>
new registered agent and/or the new registered office address Name of New Registered Agent Madison Property	s: Management Solutions, LLC
new registered agent and/or the new registered office address Name of New Registered Agent 6960 Bonneval Ros	<u>s:</u>
new registered agent and/or the new registered office address Name of New Registered Agent 6960 Bonneval Ros	s: Management Solutions, LLC ad Suite 302, Jacksonville, Florida 32216 reet address)

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Page 1 of **6**

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:

Example: <u>X</u> Change	<u>PT J</u>	<u>ohn Doç</u>	
X Remove	Y N	<u>Mike Jones</u>	
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
1) Change	<u>P</u>	Mack Mayo	414 Old Hard Rd #502
Add			Fleming Island, FL 32003
X Remove			
2) Change	_D	Elizabeth Tenorio	414 Old Hard Rd #502
Add			Fleming Island, FL 32003
X Remove			
3) Change	<u>v</u>	Joanne Kilgore	414 Old Hard Rd #502
Add			Fleming Island, FL 32003
X Remove			
4) Change	<u> </u>	Fausto Colon	414 Old Hard Rd #502
Add			Fleming Island, FL 32003
X Remove			
5) Change	Т	Christopher Oetjen	414 Old Hard Rd #502
Add			Fleming Island, FL 32003
X Remove			
6) Change			
Add			
Remove			

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:

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X Change PT John Doe X Remove Ϋ́ Mike Jones X Add SV Sally Smith Type of Action Title Name Address (Check One) D 6960 Bonneval Road Ana Ciereszko 1) __ Change Add Suite 302 Jacksonville, FL 32216 Remove 6960 Bonneval Road 2) Change D **Deb Dresbach** Suite 302 X Add Jacksonville, FL 32216 Remove P **Gaynell Jernigan** 6960 Bonneval Road 3) ____ Change Suite 302 X Add Jacksonville, FL 32216 Remove V **Jody Kilgore** 6960 Bonneval Road 4) Change Suite 302 Add X Jacksonville, FL 32216 Remove 6960 Bonneval Road Liz Tenorio 5) ____ Change S Suite 302 X Add Jacksonville, FL 32216 Remove Т 6960 Bonneval Road **Margaret Witthoft** 6) ____ Change Add Suite 302 Jacksonville, FL 32216 Remove

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:

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X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	. •
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
🖞 Change	_ D	Phyliss Thompso	on 6960 Bonneval Road
X Add			Suite 302
Remove			Jacksonville, FL 32216
🗙 Change			
Add			
Remove			<u></u>
X Change			
Add			
Remove			
🗙 Change			
Add			
Remove			
X Change			
Add			
Remove			
🐹 Change			
-		-	
Add			
Remove			

ttach additional sheets, i	functional Atta	cles, enter chan (Be specific)	20(3) 11010.	N/A		
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an amendment provide	es for an eych	ange reclassifi	cation or car	ncellation of is	sued shares.	
rovisions for implemen	iting the amer	adment if not c	ontained in th	ne amendment	itself:	N/A
(if not applicable, ind	dicate N/A)					
		<u></u>				

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The date of each amendment(s) adoption: 09/01/2016: Amendment of Registered Agent 10/11/2016: Amendment to Board of Directors date this document was signed.

if other than the

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)

- X The amendment(s) was/were adopted by the shareholdera. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amandment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by

(voting group)

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 12/15/2016 Signature

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ELIZABETHA. TENDRED (Typed or printed name of person signing)

ECRETAKY (Title of person signing

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