## NO7 00000 6069

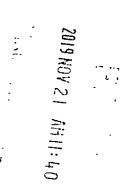
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	GE YACHT FIVE CON	NDOMINIUM AS	SOCIATION, INC.	
N07000006069 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filing			
Please return all correspondence concerning the	his matter to the followi	ing:		
Belle Roberts				
	(Name of Con-	tact Person)		
Signature Property Management				
	(Firm/ Co	mpany)		
459 NW Prima Vista Blvd				
<u> </u>	(Addre	ess)		
Port St Lucie, FL 34983				
	(City/ State and	d Zip Code)		
Belle@signaturepropertymgmt.com				
E-mail address: (to	be used for future annu	ial report notificat	on)	
For further information concerning this matter	, please call;			
Belle Roberts		772 at	219-4474	
(Name of Contac	t Person)	(Area Code	) (Daytime Telephone N	umber)
Enclosed is a check for the following amount	made payable to the Flo	orida Department o	of State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Status Certified Co (Additional enclosed)	py Cer copy is Cer (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)	
Mailing Address Amendment Section		Street Address Amendment Se		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

HARBORAGE YACHT FIVE CONDOMINIUM ASSOCIATION, INC.

	ently filed with the Florida Dept. of State)
N07000006069	nber of Corporation (if known)
	·
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corpora	ation:
	The nev
	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	20
B. Enter new principal office address, if applicable:	[9]
(Principal office address <u>MUST BE A STREET ADDRES</u> :	2019 NOV
	<del></del>
C. Enter new mailing address, if applicable:	=
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	$\bigcirc$
D. If amending the registered agent and/or registered of	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	Florida
	, Florida (City) (Zip Code)
	(1-1)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	
co, accept the approximent an regimered agent. I amy	manual of the position,
	Si
	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 X Remove X Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S, T	John Rexrode	
Add X Remove			
2) Change	Т	Michael O'Connor	% Signature Property Mgmt
X Add			459 NW Prima Vista Blvd
Remove			Port St Lucie, FL 34983
3) Change	<u>s</u>	Elaine Mulligan	% Signature Property Mgmt
X Add			459 NW Prima Vista Blvd
Remove			Port St Lucie, FL 34983
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheet	s, if necessary).	(Be specific)				
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	date of each amendment(s) adoption: this document was signed.	October 25, 2019	, if other than the
Effe	ctive date <u>if applicable</u> :	October 25, 2019.	<del></del>
		not meet the applicable statutory filing requirement	ts, this date will not be listed as the
<b>\d</b> o	ption of Amendment(s) (	(CHECK ONE)	
	The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the	amendment(s)
	Dated  Signature  (By the chairman or have not been selec	vice chairman of the board, president or other office ted, by an incorporator – if in the hands of a receive	er-if directors
	other court appointed  Gene  Press	(Typed or printed name of person signing)	
	•	(Title of person signing)	