N07000006069

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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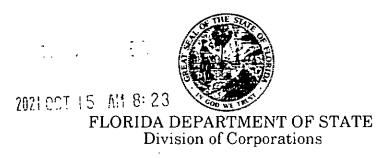
A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: HARBORAGE YACHT FIVE CONDOMINIUM ASSOCIATION, INC. | | | | |
|--|---------------------------------------|--|--|--|
| DOCUMENT NUMBER: N07 | 000006069 | | <u> </u> | |
| The enclosed Articles of Amend | ment and fee are sub | mitted for filing. | | |
| Please return all correspondence | concerning this mat | ter to the following: | | |
| Belle Rob | vorte | | | |
| Belle Rot | oci ts | Name of Contact Person | | |
| Signature | Property Mgmt | | | |
| | | Firm/ Company | يره في مناه. | |
| 3171 SE | Dominica Terrace | · | | |
| | | Address | • | |
| Stuart, FI | 34997 | | | |
| | | City/ State and Zip Code | • | |
| Belle@si | gnaturepropertymen | nt,com | | |
| E-ma | iil address: (to be us | nt.com ed for future annual report | notification) | |
| For further information concerni | ng this matter, pleas | e call: | | |
| Belle Roberts | _ | at (772 |) 219-4474 | |
| Name of Contact Person | | Area Code & Daytime Telephone Number | | |
| Enclosed is a check for the follo | wing amount made p | payable to the Florida Depa | ortment of State: | |
| - C | 3.75 Filing Fee & rtificate of Status | S43.75 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 | | Amend Divisio The Co | Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303



August 16, 2021

RECEIVED

AUG 2 3 2021

BY:____

BELLE ROBERTS SIGNATURE PRPERTY MGMT 3171 SE DOMINICA TERRACE STUART, FL 34997 US

SUBJECT: HARBORAGE YACHT FIVE CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N07000006069

We have received your document for HARBORAGE YACHT FIVE 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 you submitted is for a PROFIT CORPORATION, but your entity is a NONPROFIT CORPORATION. Please complete and return the enclosed blank form(s).

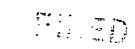
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 721A00019507

Articles of Amendment to Articles of Incorporation of



HARBORAGE YACHT FIVE CONDOMINIUM ASSOCIATION, INC.

| (Name of Corporation as currently filed with the F | lorida Dept. of State) | - £UZI AUG 23 AM 7: 47 |
|--|---|---|
| N07000006069 | | SECRETARIAN AND AND AND AND AND AND AND AND AND A |
| (Documen | t Number of Corporation (if known) | MALLAHASSEE, FL |
| Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation: | a Statutes, this <i>Florida Not For Profi</i> | t Corporation adopts the following |
| A. If amending name, enter the new name of the co | orporation: | |
| name must he distinguishable and contain the word "c "Company" or "Co." may not be used in the name. | corporation" or "incorporated" or th | The new e abbreviation "Corp," or "Inc." |
| B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u> | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | | the name of the |
| Name of New Registered Agent: | | |
| <u>New Registered Office Address:</u> | (Florida str | vet address) |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | | ligations of the position. |
| | Signature of New Registered As | gent, 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>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|--|------------------------------|---|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | <u>S</u> | Mulligan, Elaine | C/O Signature Property Mgmt 3171 SE Dominica Terrace |
| x Remove | | | Stuart, FL 34997 |
| 2) Change Add | <u>S</u> | Nunley, Robin | C/O Signature Property Mgmt 3171 SE Dominica Terrace |
| Remove 3) Change Add Remove | | | Stuart, FL 34997 |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| F. If amending or addin (attach additional shee | g additio ts, if nece | nal Articles, enter change(s) here: ssary). (Be specific) | |
| | <u> </u> | | |
| | | | |
| | | ······································ | |
| | | | |

| The date of each amendment(s) adoption: July 12th, 2021, if other | |
|--|-------|
| The date of each amendment(s) adoption:, if other | an Uk |
| date this document was signed. | |
| Fifective date if applicable: | |
| Effective date if applicable: July 12th, 2021 (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 document's effective date on the Department of State's records. | he |

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

| ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | | | | | |
|--|---|--|--|--|--|
| | Signature (By the chairman or vice chairman of the ward, 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) Robin Nunley | | | | |
| | (Typed or printed name of person signing) | | | | |
| | Secretary | | | | |

(Title of person signing)