## N07000006481

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Document Number)				
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: HARBORAGE YA	ACHT SEVEN CONDOMI	NIUM ASSOCIATION		
	BER: N07000006481		·		
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	ATTN: BELLE ROBERTS				
		Name of Contact Person	1		
	C/O SIGNATURE PROPERTY MGMT				
		Firm/ Company			
	459 NW PRIMA VISTA BL	VD			
		Address			
	PORT ST LUCIE, FL 34983				
		City/ State and Zip Cod	e		
	BELLE@SIGNATUREPROPERTYMGMT.COM				
	•	sed for future annual report	notification)		
For further informati	on concerning this matter, plea		219-4474		
Name	of Contact Person	Area Co	_) 219-4474 de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made				
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

nber of Corporation (if known)  s, this Florida Profit Corporation adopts the following amendment(
s, this Florida Profit Corporation adopts the following amendment
s, this Florida Profit Corporation adopts the following amendment
A=.
on:
The new
on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A."
N/A
N/A
e address in Florida, enter the name of the
Idress:
<del> </del>
rida street address)
iaa xi eer auar ess)
, Florida
(City) (Zip Code)
Agent:
illiar with and accept the obligations of the position.
V. B. ta. I.A. a. C. I.
New Registered Agent, if changing
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

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) Change	S/T	GODFREY, JOHN	
Add			
Remove 2) Change	P	SMITH, RAY	C/O SIGNATURE PROPERTY M
X Add			459 NW PRIMA VISTA BLVD
Remove	VP	HERMAN, GARY	PORT ST LUCIE, FL 34983
3 ) X Change Add			C/O SIGNATURE PROPERTY M 459 NW PRIMA VISTA BLVD
Remove			PORT ST LUCIE, FL 34983
4) Change	S	CONSALVO, JOHN	C/O SIGNATURE PROPERTY M
X Add			459 NW PRIMA VISTA BLVD
Remove			PORT ST LUCIE, FL 34983
$\frac{X}{X}$ Change	T	ELLIS, EILEEN	C/O SIGNATURE PROPERTY M
Add			459 NW PRIMA VISTA BLVD
Remove			PORT ST LUCIE, FL 34983
6) Change			
Add			
Remove			

<u>If amending or adding</u> (Attach <i>additional sheet</i>	<u>additional Arti</u> s, if necessary).	cles, enter chang (Be specific)	<u>ge(s) here</u> :			
		**************************************				
<u>.</u>						
<del> </del>						
	<del></del>					
lf an amendment prov	rides for an exch	ange, reclassific	ation, or cance	llation of issued	shares,	
provisions for implen (if not applicable,	nenting the ame indicate N/A)	ndment if not co	ntained in the :	imendment itse	<u>If:</u>	
<del></del>						
		<u> </u>				
_						
			<del></del>			

The date of each amondmen	JUNE 9TH, 2020	, if other than the
The date of each amendmen late this document was signed		, if other than the
Effective date <u>if applicable</u> :	MAY 21ST, 2020	
	(no more than 90 days after amendment file date	r)
	this block does not meet the applicable statutory filing requirement the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without sharel	holder action and shareholder
	re adopted by the shareholders. The number of votes cast for the arere sufficient for approval.	mendment(s)
	re approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amendment	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	6/10/20	
Signature _	4m	<del> </del>
S	By a director, president or other officer – if directors or officers have elected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	President of Board of Director	rs
	(Title of person signing)	