

N070000009810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 29 2015
D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Compson Place Condominium Association, Inc

DOCUMENT NUMBER: N07000009810

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

Please return all correspondence concerning this matter to the following:

Tricia Foreman

Name of Contact Person

Stiles Property Management

Firm/ Company

1880 N. Congress Avenue, Suite 211

Address

Boynton Beach, FL 33426

City/ State and Zip Code

tricia.foreman@stiles.com

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

For further information concerning this matter, please call:

Tricia Foreman

at (561)

413-5909

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 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

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

SECRET
TALLAHASSEE, FL 32301

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2015

TRICIA FOREMAN
STILES PROPERTY MANAGMENT
1880 N CONGRESS AVENUE, SUITE 211
BOYNTON BEACH, FL 33426

SUBJECT: COMPSON PLACE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N07000009810

We have received your document for COMPSON PLACE 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 Florida Profit Corporation, but your entity is a Florida 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.

Diane Cushing
Senior Section Administrator

Letter Number: 615A00014741

RECEIVED

15 JUL 27 PM 2:38

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Articles of Amendment
to
Articles of Incorporation
of**

Compson Place Condominium Associaton, Inc

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

N07000009810

(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:

N/A

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)

c/o Stiles Property Management

1880 N. Congress Avenue, Suite 211

Boynton Beach, FL 33426

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Stiles Property Management

1880 N. Congress Avenue, Suite 211

Boynton Beach, FL 33426

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: N/A

1880 N. Congress Avenue, Suite 211

(Florida street address)

New Registered Office Address:

Boynton Beach

(City)

Florida 33426

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Porges, Donald</u>	<u>c/o Stiles Property Management</u> <u>1880 N. Congress Ave., Suite 211</u> <u>Boynton Beach, FL 33426</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PTD</u>	<u>Tant, Jill</u>	<u></u> <u></u> <u></u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VSD</u>	<u>Wicker, Sarah</u>	<u></u> <u></u> <u></u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Fishman, Neil</u>	<u>c/o Stiles Property Management</u> <u>1880 N. Congress Ave., Suite 211</u> <u>Boynton Beach, FL 33426</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TS</u>	<u>Chicco, Romeo</u>	<u>c/o Stiles Property Management</u> <u>1880 N. Congress Ave., Suite 211</u> <u>Boynton Beach, FL 33426</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>

N/A

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

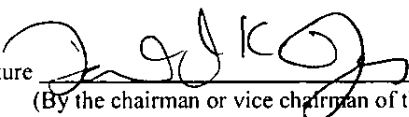
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 June 1, 2015 _____

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)

Donald Porges

(Typed or printed name of person signing)

President

(Title of person signing)

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