

**N07000009944**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 DEC 10 AM 10:51

APPROVED  
AND  
FILED

C. LEWIS  
Dec 11 2013  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2013

HENRY W. JOHNSON / LAW OFFICES OF HENRY W JOHNSON  
7900 GLADES RD SUITE 530  
BOCA RATON, FL 33434

SUBJECT: SEASIDE VILLAS AT ISLES OF VENICE HOMEOWNERS'  
ASSOCIATION, INC.  
Ref. Number: N07000009944

We have received your document for SEASIDE VILLAS AT ISLES OF VENICE HOMEOWNERS' 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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The registered agent must sign accepting the designation.

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.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 213A00021913

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SEASIDE VILLAS AT ISLES OF VENICE HOMEOWNERS' ASSOCIATION, INC.

**DOCUMENT NUMBER:** N07000009944

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

Please return all correspondence concerning this matter to the following:

Henry W. Johnson

(Name of Contact Person)

Law Offices of Henry W. Johnson

(Firm/ Company)

7900 Glades Road, Suite 530

(Address)

Boca Raton, FL 33434

(City/ State and Zip Code)

hjohnson@hwjlaw.net

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

For further information concerning this matter, please call:

Royal Management Group

(Name of Contact Person)

at ( 305 ) 535-3575

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee<br>previously paid<br>see attached letter from SunBiz | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

APPROVED  
AND  
FILED

13 DEC 10 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

SEASIDE VILLAS AT ISLES OF VENICE HOMEOWNERS' ASSOCIATION, INC.

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

N07000009944

(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:**

\_\_\_\_\_ *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. Enter new mailing address, if applicable:**  
*(Mailing address **MAY BE A POST OFFICE BOX**)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: Henry W. Johnson

7900 Glades Road, Suite 530

*(Florida street address)*

New Registered Office Address:

Boca Raton, Florida 33434

*(City)*

*(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*

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 type="checkbox"/> Change	<u>V</u>	<u>Chong, Piper Susan</u>	<u>747 4th Street, Suite 200</u>
<input type="checkbox"/> Add			<u>Miami Beach, FL 33139</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>V</u>	<u>Weinstein, Garrett</u>	<u>747 4th Street, Suite 200</u>
<input checked="" type="checkbox"/> Add			<u>Miami Beach, FL 33139</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Meyer, Layne</u>	<u>747 4th Street, Suite 200</u>
<input type="checkbox"/> Add			<u>Miami Beach, FL 33139</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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APPROVED  
AND  
FILED

13 DEC 10 AM 10:51

if other than the  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


The date of each amendment(s) adoption: 9/1/2013  
date this document was signed.

Effective date if applicable: 9/1/2013  
(no more than 90 days after amendment file date)

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 9/1/2013

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)

Layne Meyer  
(Typed or printed name of person signing)

President  
(Title of person signing)