

NO7000010694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

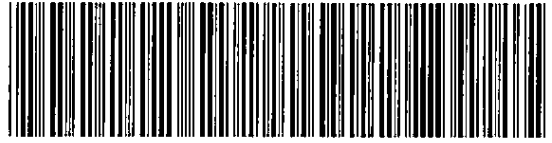
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fountainview Commons at St. Lucie
West Condominium Association, Inc.

DOCUMENT NUMBER: NO7000010694

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

Please return all correspondence concerning this matter to the following:

James M. Clary, III
(Name of Contact Person)

Jeremiah Baron Companies
(Firm/ Company)

2100 SE Ocean Blvd #100
(Address)

Stuart, FL 34996
(City/ State and Zip Code)

jclary@COMMERCIALREALESTATE. LLC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Clary at 772 678-5091
(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)

PAID
See Attached
Letter

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment
to
Articles of Incorporation
of

FILED
AUG 10: 05

Terrain View Commons at St. Lucia West (2024) Condominium Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO7000010694

(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: _____

_____ (Florida street address)

New Registered Office Address:

_____ Florida _____
(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>

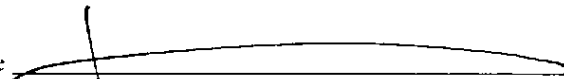
Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DP</u>	<u>Paul A. Nussbaum</u>	<u>13101 Preston Rd #110-1060</u> <u>DALLAS TX 75240</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DV</u>	<u>Leslie Ng</u>	<u>13101 Preston Rd #110-1060</u> <u>DALLAS TX 75240</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DVS</u>	<u>Michael Gontar</u>	<u>13101 Preston Rd #110-1060</u> <u>DALLAS TX 75240</u>
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)

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 7/1/24

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)

Jeremiah Baron
(Typed or printed name of person signing)

Director / President
(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2024

REC-111-1
JUL 16 2024

JAMES M. CLARY, III
2100 SE OCEAN BOULEVARD, #100
STUART, FL 34996

SUBJECT: FOUNTAINVIEW COMMONS AT ST. LUCIE WEST LAND
CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N07000010694

We have received your document for FOUNTAINVIEW COMMONS AT ST. LUCIE WEST LAND 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 NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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

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: 124A00013984