

NO7000001138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R. WHITE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY -3 PM 2:21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2016

GERI PRISCO
7530 CAMBRIA CT
VERO BEACH, FL 32967

SUBJECT: SPYGLASS AT VERO BEACH HOMEOWNERS ASSOCIATION,
INC.
Ref. Number: N07000011138

We have received your document for SPYGLASS AT VERO BEACH HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 816A00008313

RECEIVED

16 MAY -3 AM 8:04

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SPYGLASS AT VERO BEACH HOME OWNERS ASSOCIATION INC.

NAME OF CORPORATION: _____

N07000011138

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

GERI PRISCO

(Name of Contact Person)

SPYGLASS AT VERO BEACH HOME OWNERS ASSOCIATION INC.

(Firm/ Company)

7530 CAMBRIA CT.

(Address)

VERO BEACH/ FLORIDA 32967

(City/ State and Zip Code)

GCPRISCO@YAHOO.COM

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

For further information concerning this matter, please call:

GERI PRISCO

772

925-1695

at

(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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

SPYGLASS AT VERO BEACH HOME OWNERS ASSOCIATION INC.

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

N07000011138

(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)

7530 CAMBRIA CT.

VERO BEACH, FLORIDA 32967

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7530 CAMBRIA CT.

VERO BEACH, FLORIDA 32967

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:

SPYGLASS AT VERO BEACH HOME OWNERS ASSOCIATION INC

7530 CAMBRIA CT.

(Florida street address)

New Registered Office Address:

VERO BEACH

Florida 32967

(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

910 SPYGLASS AT VERO BEACH HOA, INC

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 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DP</u>	<u>RECIO, JULIO</u>	<u>7500 CAMBRIA CT.</u> <u>VERO BEACH, FL. 32967</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DV</u>	<u>LUCA, CARMEN</u>	<u>7650 CAMBRIA CT.</u> <u>VERO BEACH, FL. 32967</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DTS</u>	<u>PRISCO, GERI</u>	<u>7530 CAMBRIA CT.</u> <u>VERO BEACH, FL. 32967</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DP</u>	<u>HANDLER, WILLIAM</u>	<u>333 17TH ST.</u> <u>SUITE 2L</u> <u>VERO BEACH, FL. 32960</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DVPS</u>	<u>RECIO, JULIO</u>	<u>333 17TH ST.</u> <u>SUITE 2L</u> <u>VERO BEACH, FL. 32967</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DT</u>	<u>FLOWERS, RENE</u>	<u>333 17TH ST.</u> <u>SUITE 2L</u> <u>VERO BEACH, FL. 32967</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: MARCH 31, 2016 MARCH 31, 2016, if other than the date this document was signed.

MARCH 31, 2016


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 APRIL 14, 2016

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)

GERI PRISCO

(Typed or printed name of person signing)

DIRECTOR/SECRETARY/TREASURER, SPYGLASS AT VERO BEACH HC

(Title of person signing)