N07293

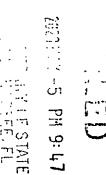
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R. HUNT 05/05/23

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	CONDOMINIUM ASSO	OCIATION,	INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are st	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Seth M. Amkraut, Esq.			
	(Name of Contact Per	son)	W
Gerstin & Associates			
	(Firm/ Company)		
40 SE 5th St., Suite 610			
	(Address)		
Boca Raton, FL 33076			
	(City/ State and Zip C	ode)	
mbrakovich@yahoo.com			
E-mail address: (to be u	sed for future annual repo	rt notificatio	n)
For further information concerning this matter, plea	ase call:		
Seth M. Amkraut, Esq.		561	750-3456
(Name of Contact Pers			(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu		Certii Certii (Add	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address endment Sect sion of Corp Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BROOK HAVEN CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N07293		
(Document N	Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
THE CASUARINA AT DELRAY CONDOMINIUM A	SSOCIATION, INC.	The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	rporation" or "incorpora	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR	RESS)	2.1
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered		la, enter the name of the
new registered agent and/or the new registered of	Tice address:	
Name of New Registered Agent: N/A		
	·	(Florida street address)
New Registered Office Address:		
N/A	·	, Florida N/A
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist		
I hereby accept the appointment as registered agent. I a	am familiar with and acce	pt the obligations of the position.
	Signature of New Reg.	istered 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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove		-	
2) Change Add			
Remove 3) Change Add Remove		<u> </u>	
4) Change Add		· · · · · · · · · · · · · · · · · · ·	
Remove		-	
5) Change Add			
Remove			
6) Change Add			
Remove		_	
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
•	· -	_	
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<u> </u>		
		
	· · · · · · · · · · · · · · · · · · ·	
	2/02/0002	
The date of each amendment(s) adoption date this document was signed.	a: <u>3/22/2023</u>	, if other than the
Effective date if applicable:	no more than 90 days after amendment file date)	
		halfarad st-
document's effective date on the Departme	s not meet the applicable statutory filing requirements, this date will not nt of State's records.	be listed as the
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.

Dated MAY 1, 2023
Signature ML 2AL
(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)
Marko L. Brakovich
(Typed or printed name of person signing)

(Title of person signing)