

17080000003403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

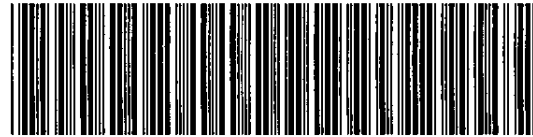
(Business Entity Name)

(Document Number)

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12 JUL -9 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 11 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2012

THE CENTRE AT CUTLER BAY CONDOMINIUM ASSOCIATION
18901 SW 106 AVE, STE 124
MIAMI, FL 33157

SUBJECT: THE CENTRE AT CUTLER BAY CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: N08000003403

We have received your document for THE CENTRE AT CUTLER BAY 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 date of adoption of each amendment must be included in the document.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

Registered agent is not an acceptable signature.

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.

Tina Roberts
Regulatory Specialist II

Letter Number: 412A00017323

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE CENTRE AT CUTLER BAY CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N08000003403

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

THE CENTRE AT CUTLER BAY CONDOMINIUM ASSOCIATION, INC.

(Firm/ Company)

18901 SW 106 AVENUE, SUITE 124

(Address)

MIAMI, FL 33157

(City/ State and Zip Code)

AVALDES@BFGROUPLLC.COM

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

For further information concerning this matter, please call:

(Name of Contact Person)

at (305) 461-7240
(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 | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input 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

2012 JUL -9 AM 8:20

SUPERSEDED

FILED
12 JUL -9 AM 9:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

THE CENTRE AT CUTLER BAY CONDOMINIUM ASSOCIATION, INC.

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

N08000003403

(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)**

18901 SW 106 AVENUE

SUITE 124

MIAMI, FL 33157

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

18901 SW 106 AVENUE

SUITE 124

MIAMI, FL 33157

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the
now registered agent and/or the new registered office address:**

Name of New Registered Agent:

EUGENE SPANO

18901 SW 106 AVENUE, SUITE 124

(Florida street address)

New Registered Office Address:

MIAMI

(City)

Florida **33157**
(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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	EUGENE SPANO	10901 SW 108 AVENUE SUITE 124 MIAMI, FL 33167
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	ANDY SIMON	10901 SW 108 AVENUE SUITE 124 MIAMI, FL 33167
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S	AILEEN VALDES	10901 SW 108 AVENUE SUITE 124 MIAMI, FL 33167
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	DP	ROSALES, KLEVER	8770 SUNSET DRIVE, #463 MIAMI, FL 33172
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	DV	STEPNER, STEPHEN A	8770 SUNSET DRIVE, #463 MIAMI, FL 33172
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	DV	VIVAS, ALBERT	8770 SUNSET DRIVE, #463 MIAMI, FL 33172

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:

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Example:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	PST	GYTUERREZ, EDUARDO	8770 SUNSET DRIVE, #463 MIAMI, FL 33172
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	BRANT, BARRY	8770 SUNSET DRIVE, #463 MIAMI, FL 33172
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <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			

[illegible]

The date of each amendment(s) adoption: 5/24/12
Effective date if applicable: 5/24/12
(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 _____

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)

EUGENE SPANO

(Typed or printed name of person signing)

P
(Title of person signing)