

N09000005703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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06/10/16--01036--010 **25.00

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2016 AUG 25 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Am
1-12-13-AR
**COS*
**CL*
2/26/17

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CASA Costa Condominium Association, INC

DOCUMENT NUMBER: N09000005703

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

Please return all correspondence concerning this matter to the following:

Robyn Silverstein

(Name of Contact Person)

CASA Costa Condominium Association

(Firm/ Company)

400 N. Federal Hwy

(Address)

Boynton Beach, FL 33435

(City/ State and Zip Code)

RSilverstein@Castlegroup.com

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

For further information concerning this matter, please call:

Robyn Silverstein

(Name of Contact Person)

at 561-509-5410

(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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2016

ROBYN SILVERSTEIN
400 N. FEDERAL HWY.
BOYNTON BEACH, FL 33435

SUBJECT: CASA COSTA CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N09000005703

We have received your document for CASA COSTA CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 516A00012567

16 AUG -1 PM 5:10

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2016

ROBYN SILVERSTEIN
400 N. FEDERAL HWY.
BOYNTON BEACH, FL 33435

SUBJECT: CASA COSTA CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N09000005703

We have received your document for CASA COSTA CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 516A00012567

Articles of Amendment
to
Articles of Incorporation
of

CASA Costa Condominium Association Inc.

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

(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:

(City)

_____, Florida

(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

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TALLAHASSEE, FLORIDA

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) ☐ Change

☐ Add

☒ Remove

PTD (P)

Arden Karson

315 S. Biscayne Blvd
4th Floor

MIAMI, FL 33131

2) ☐ Change

☐ Add

☒ Remove

VP

Rick Fortenbury

315 S. Biscayne Blvd
4th Floor

MIAMI, FL 33131

3) ☐ Change

☒ Add

☐ Remove

President
(P)

Haviv Cohen

9850 Fox trot Lane
Boca Raton, FL 33496

4) ☒ Change

☒ Add

☐ Remove

Vicepres
(VP)

Keith Carrier

450 N. Federal Hwy #1410
Baynton Beach, FL
33435

5) ☐ Change

☒ Add

☐ Remove

Treasurer
(T)

Dennis Garcher

450 N. Federal Hwy #812
Baynton Beach, FL
33435

6) ☐ Change

☒ Add

☐ Remove

Secretary
(S)

Iris Hall

350 N Federal Hwy TH302
Baynton Bch, FL 33435

ADD ☒ Jacob Edelman

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

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

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

8/15/16

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)

Dennis Garcke

(Typed or printed name of person signing)

Treasurer

(Title of person signing)