

Andrew



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2018

MICHAEL DODANE  
MIGRE ENGINEERS, LLC  
760 FLORIDA CENTRAL PARKWAY, SUITE 224  
LONGWOOD, FL 32750

SUBJECT: SOUTH POINTE CENTRE CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N10000000285

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE SEE TITLE OF THE OFFICER BEING REMOVED AND AMEND ACCORDINGLY.

THE ATTACHMENT REFERRED TO AS THE DECLARATION OF CONDOMINIUM CANNOT BE FILED AND MUST BE REMOVED AS WELL AS THE STATEMENT ON PAGE 3 OF 4.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 218A00015107

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SOUTH POINTE CENTER CONDOMINIUM ASSOCIATION

DOCUMENT NUMBER: N10000000285

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

Please return all correspondence concerning this matter to the following:

MICHAEL DODANE

(Name of Contact Person)

MIGRE ENGINEERS LLC

(Firm/ Company)

760 FLORIDA CENTRAL PARKWAY, SUITE 224

(Address)

LANBWOOD FL 32750

(City/ State and Zip Code)

mike@migre-eng.com

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

For further information concerning this matter, please call:

MICHAEL DODANE

(Name of Contact Person)

at

407.636.7999

(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 checked="" 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

RECEIVED  
18 SEP 10 AM 11:00  
TALLAHASSEE, FL  
SECRETARY OF STATE

Articles of Amendment  
to  
Articles of Incorporation  
of

SOUTH POINTE CENTRE CONDOMINIUM ASSOCIATION, INC.

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

N100000000285

(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)

760 FLORIDA CENTRAL PARKWAY  
SUITE 224  
LONGWOOD, FL 32750

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

MICHAEL O'LEARY

760 FLORIDA CENTRAL PKWY, SUITE 224

(Florida street address)

New Registered Office Address:

LONGWOOD

(City)

Florida

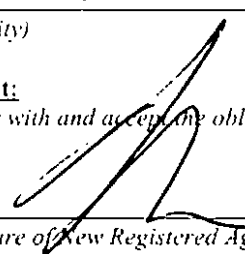
FL

(Zip Code)

32750

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

Page 2 of 4

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: N/A, 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.

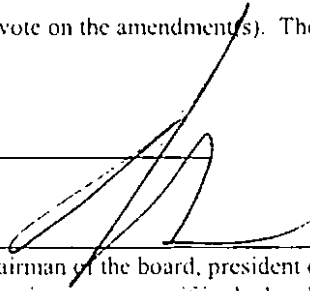
**Adoption of Amendment(s) (CHECK ONE)**

- ☐ 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

9/4/18

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)

MICHAEL P. DAVIS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)