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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:	Asso	c, inc		1,-2,-
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	e are submitted for filing	≩ .		
Please return all correspondence concerning	this matter to the follow	ing:		
Dorothy Romanelli, Secretary				
····	(Name of Con	tact Person)		
Coastal Winds Condo Assoc, Inc				
	(Firm/ Co	mpany)		
801 N Riverside Dr Office				
	(Addr	ess)		
Pompano Beach, FL 33062				
	(City/ State an	d Zip Code))	
dotromanelli@outlook.com				
E-mail address: (t	o be used for future ann	ual report n	olification	n)
For further information concerning this matter	er, please call:			
Dorothy Romanelli		203 at		979-8145
(Name of Contac	ct Person)	(Are	a Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	t made payable to the Fl	lorida Depar	tment of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of		рру	Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		Street A	ddress	ion

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810



2020 - - 7:15

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2020

DOROTHY ROMANELLI 801 N. RIVERSIDE DR OFFICE POMPANO BEACH, FL 33062

SUBJECT: COASTAL WINDS CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N1000001989

We have received your document for COASTAL WINDS 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.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 820A00015531

Articles of Amendment to Articles of Incorporation , of

Coastal Winds Condominium Association, Inc	KH0CCCC01959	
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts	the following
A. If amending name, enter the new name of the corporat	ion:	
N/A		The new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp	
B. Enter new principal office address, if applicable:	NΛ	
(Principal office address MUST BE A STREET ADDRESS)	1020
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	~; ~;
(Maining dual too MATT 102 11 10 10		-3 PH 4: 5H
D. If amending the registered agent and/or registered office		
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent: NA		
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fair		n.
Si	gnature 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 <math>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 Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add	<u>P</u>	Amodeo, Sal	801 N Riverside Dr A-1
 X Remove 2) Change X Add 	D	James Dacey	Pompano Beach, FL 33062 801 N Riverside Dr C-1
Remove 3) Change Add Remove			Pompano Beach, FL 33062
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
(attach additional shee		icles, enter change(s) here: (Be specific)	
N/A			

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<u> </u>		
	<u></u>	 _
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	7/1/2020	
The date of each amendment(s) adoption:	1/1/2020	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	than 90 days after amendment file date)	
(no more	than 90 days after amendment file date)	

<u>Note:</u> 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.

Signature.

Signature.

Signature.

(By the chairman or vice chairman of the board, president or other officer-if directors have not been celected by an incorporator – if in the hands of a receiver, trustee, or other court appointed aduciary by that fiduciary)

The nay Bean (Typed or printed name of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.