

NB0000008525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

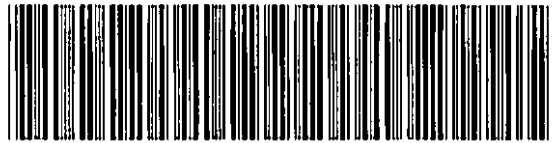
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FILED
18 AUG 15 AM 11:01
TALLAHASSEE, FLORIDA

AUG 16 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2018

ZACHARY C CRABTREE, ESQ
CRABTREE LAW GROUP, P.A.
8777 SAN JOSE BLVD BLDG A STE 200
JACKSONVILLE, FL 32217

SUBJECT: BEACHSIDE AT 2ND STREET CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: N13000008525

We have received your document for BEACHSIDE AT 2ND STREET
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):

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 818A00016314

RECEIVED
18 AUG 15 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

Beachside at 2nd Condominium Association, Inc.
NAME OF CORPORATION: _____

N13000008525
DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Zachary C. Crabtree, Esquire

(Name of Contact Person)

Crabtree Law Group

(Firm/ Company)

8777 San Jose Blvd., Suite 200, Building A

(Address)

Jacksonville, FL 32217

(City/ State and Zip Code)

zcc@crabtreelawfirm.com

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

For further information concerning this matter, please call:

Zachary C. Crabtree

(Name of Contact Person) 904-732-9700 at _____
(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 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

Articles of Amendment
to
Articles of Incorporation
of

Beachside at 2nd Street Condominium Association, Inc.

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

N13000008525

(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)

1319 North 2nd Street, Unit C

Jacksonville Beach, FL 32250

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:

New Registered Office Address:

(Florida street 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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PD</u>	<u>William Tutwiler</u>	<u>3941 Alcazar</u>
<input type="checkbox"/> Add			<u>Jacksonville, FL 32207</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Kenneth Whittaker</u>	<u>8777 San Jose Blvd.,</u>
<input type="checkbox"/> Add			<u>Bldg. A, Suite 200</u>
<input type="checkbox"/> Remove			<u>Jacksonville, FL 32217</u>
3) <input type="checkbox"/> Change	<u>ST</u>	<u>Elizabeth Whittaker</u>	<u>8777 San Jose Blvd.</u>
<input checked="" type="checkbox"/> Add			<u>Bldg. A, Suite 200</u>
<input type="checkbox"/> Remove			<u>Jacksonville, FL 32217</u>
4) <input type="checkbox"/> Change	<u>VP</u>	<u>Dorri Kraus</u>	<u>8777 San Jose Blvd.</u>
<input checked="" type="checkbox"/> Add			<u>Bldg. A, Suite 200</u>
<input type="checkbox"/> Remove			<u>Jacksonville, FL 32217</u>
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			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

[illegible]

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

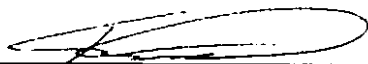
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 07/31/18 _____

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)

KENNETH WHITTAKER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)