

N14000000 677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

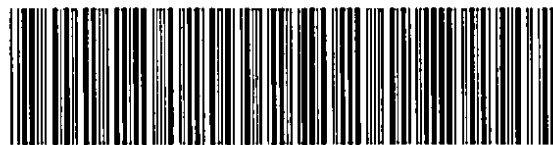
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 APR 5 PM 1:58

Amend/cus

APR 05 2013

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bonaire At Longboat Key Condominium Association, Inc.

DOCUMENT NUMBER: N1400000067

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

Please return all correspondence concerning this matter to the following:

Marijo Martin

(Name of Contact Person)

Treasurer/Secretary

(Firm/ Company)

PO Box 8073

(Address)

Longboat Key, FL 34228

(City/ State and Zip Code)

BonaireLBK@gmail.com

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

For further information concerning this matter, please call:

Marijo Martin

614

403-6507

at

(Name of Contact Person)

(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

March 25, 2019

MARIJO MARTIN
P.O. BOX 8073
LONGBOAT KEY, FL 34228

SUBJECT: BONAIRE AT LONGBOAT KEY CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: N14000000677

We have received your document for BONAIRE AT LONGBOAT KEY CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. 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 have original signatures.
- ✓ The name and title of the person signing the document must be noted beneath or opposite the 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.

Irene Albritton
Regulatory Specialist II

Letter Number: 819A00005889

RECEIVED

2019 APR -5 PM 12:00

SECRET
TALLAHASSEE

Articles of Amendment
to
Articles of Incorporation
of

FILED
2016 FEB -5 PM 1:58

Bonaire At Longboat Key Condominium Association, Inc.

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

NI4000000677

(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**)

PO Box 8073

Longboat Key, FL 34228

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: Teal White Fowler

1663 Oak Street

(Florida street address)

New Registered Office Address:

Sarasota

(City)

Florida 34236

(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:

<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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>MGR</u>	<u>SHAWN KALETA</u>	<u>5702 MARINA DRIVE</u>
<input type="checkbox"/> Add			<u>HOLMES BEACH, FL 34217</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>PRES</u>	<u>IVO TRAVNICEK</u>	<u>C/O PROPERTEX LLC</u>
<input checked="" type="checkbox"/> Add			<u>330 PINEAPPLE AVE STE S-110</u>
<input type="checkbox"/> Remove			<u>SARASOTA, FL 34236</u>
3) <input type="checkbox"/> Change	<u>VP</u>	<u>MICHAEL STRINGER</u>	<u>5005 GULF OF MEXICO DR. #8</u>
<input checked="" type="checkbox"/> Add			<u>LONGBOAT KEY, FL 34228</u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>TRES</u>	<u>MARIJO MARTIN</u>	<u>5005 GULF OF MEXICO DR. #1</u>
<input checked="" type="checkbox"/> Add			<u>LONGBOAT KEY, FL 34228</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

[illegible]

The date of each amendment(s) adoption: 1-14-2019 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 4-1-19

Signature Marijo Martin
(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)

Marijo Martin
(Typed or printed name of person signing)

Treasurer, Bonaire Condominium Association
(Title of person signing)
At Longboat Key