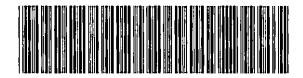
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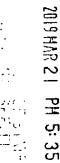
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

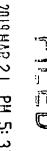
Office Use Only



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C. GOLDEN APR - 1 2019

COVER LETTER

TO: Amendment Section Division of Corporations

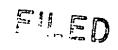
Tallahassee, FL 32314

NAME OF CORPORATION: SOUTHERNMOST		ES OWNE	R'S ASSOCIATION, INC.	_
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub-	nitted for filing.			
Please return all correspondence concerning this matte	er to the following:			
ALBERT A. TERRANOVA				
	(Name of Contact Perso	n)		_
	(Firm/ Company)			_
1017 SIMONTON STREET, UNIT # 104				
	(Address)			_
KEY WEST, FL33040				
	(City/ State and Zip Cod	le)		
ALTERRANOVA@ATT.NET				
E-mail address: (to be used	for future annual report	notification	n)	_
For further information concerning this matter, please	call:			
ALBERT A. TERRANOVA	(6 at		321-7844	
(Name of Contact Person			(Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	yable to the Florida Dep	artment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	_	Certit Certit	0 Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ameno Divisio	Address dment Sect on of Corpo n Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SOUTHERNMOST CABANA TOWNHOMES OWNER'S ASSOCIATION, INC.

2019 HAR 21 PM 5: 35

(Mame of Corporation as current	ny med with the Florida Dept. of State)		
N14000002947	ા કાર્યો છે.		
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following		
A. If amending name, enter the new name of the corporation	on:		
SOUTHERNMOST CABANA TOWNHOMES OWNERS' A	SSOCIATION, INC. The new		
name must be distinguishable and contain the word "corporat "Company" or "Co," may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applicable:	1017 SIMONTON STREET, UNIT #104		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	KEY WEST		
	FL33040		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	1017 SIMONTON STREET, UNIT #104		
	KEY WEST		
	FL33040		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a			
Name of New Registered Agent			
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 fai	nuar wan and accept the obligations of the position.		
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 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	ALBERT TERRANOVA	1017 SIMONTON STREET, #104
Add			KEY WEST
Remove			FL 33040
2) X Change	VP	JEFFREY REAGAN	585 NW DICKENS CT
Add			BOCA RATON
Remove			FL 33432
$\frac{X}{X}$ Change	Т	MICHAEL LANSDELL	422 FLEMING STREET, SUITE 1
Add			KEY WEST
Remove			F1, 33040
4) X Change	S	THOMAS KELLER	611 VIRGINIA STREET
Add			KEY WEST
Remove			FL 33040
5) X Change	D	STANLEY PARKER CHAPMAN	1017 SIMONTON STREET, #102
Add	•		KEY WEST
Remove			FL 33040
6) Change			
Add			
Remove			

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

The	e date of each amendment(s) adoption:	_, if other than the
date	e this document was signed.	
Eff	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	oe listed as the
Ad	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes east 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 3/11/19	
	Signature O.Ca. Deganora	_
	(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)	
	ALBERT A. TERRANOVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	