

N15000003213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

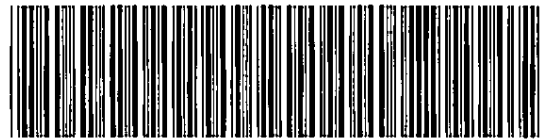
(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 27 2017

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Terrace Homes at Viansa Condominium Association, Inc.

DOCUMENT NUMBER: NH7000001028—

N15000003213

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

Please return all correspondence concerning this matter to the following:

Robert Comeriato

(Name of Contact Person)

Castle Group Management

(Firm/ Company)

24311 Walden Center Drive, Suite 204

(Address)

Bonita Springs, FL 34134

(City/ State and Zip Code)

rcomeriato@castlegroup.com

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

For further information concerning this matter, please call:

Robert Comeriato

239

284-6767

(Name of Contact Person)

at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" 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

Cushing, Diane

From: Robert Comeriato, CMCA <rcomeriato@castlegroup.com>
Sent: Wednesday, July 26, 2017 6:13 PM
To: Cushing, Diane
Subject: FW: Terrace Homes at Viansa Condominium Association, Inc.
Attachments: SKMBT_50117072608500.pdf

Diane,

I apologize. I need to amend Carrara at Talis Park Condominium Association, Inc.

All is correct except the Title on first page.

Can you please change it to Carrara at Talis Park Condominium Association, Inc.

Robert Comeriato
CMCA Property Manager | Castle Group
24311 Walden Center Drive, Suite 204, Bonita Springs, FL 34134
rcomeriato@castlegroup.com | www.castlegroup.com
P: (239) 498-5455 ext. 4103 | C: (239) 284-6767 | F: (239) 498-1564



Unparalleled Property Services



2017 BEST PLACES TO WORK



From: Cushing, Diane [mailto:Diane.Cushing@DOS.MyFlorida.com]
Sent: Wednesday, July 26, 2017 9:17 AM
To: Robert Comeriato, CMCA <rcomeriato@castlegroup.com>
Subject: Terrace Homes at Viansa Condominium Association, Inc.

Mr. Comeriato

When you submitted your document to our office the cover letter had the name of Terrace Homes at Viansa Condominium Association, Inc. on it and I had to reject it because you were missing some pages. When I got the amendment back in the office you had submitted the pages that were missing but the first page of the application had a different name on it. Are you trying to amend Terrace Homes at Viansa or are you trying to amend Carrara at Talis Park? If you need to submit a new application you can just email it to me. Please see the attached.

Diane C. Cushing
Senior Section Administrator
Amendment Section
Division of Corporations
(850) 245-6913
(850) 245-6897 (Fax)
Diane.Cushing@dos.myflorida.com



RECEIVED

17 JUL 17 PM 4:57

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DIVISION OF CORPORATIONS
JUL 17 2017

June 29, 2017

ROBERT COMERIATO
CASTLE GROUP MANAGEMENT
24311 WALDEN CENTER DRIVE, SUITE 204
BONITA SPRINGS, FL 34134

SUBJECT: TERRACE HOMES AT VIANSA CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N17000001028

We have received your document for TERRACE HOMES AT VIANSA 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):

You must complete the entire application and submit it to our office. You are missing pages 1 and 3. They must be submitted even if there is no changes made on the page.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 317A00013170

Articles of Amendment
to
Articles of Incorporation
of

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

CARRARA AT TALIS PARK CONDOMINIUM

(Document Number of Corporation (if known))

OWNER'S ASSOCIATION, INC.

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)

Lennar Corporation

10481 Six Mile Cypress Pkwy.

Fort Myers, FL 33966

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Castle Group

24311 Walden Center Drive, Suite

Bonita Springs, FL 34134

204

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:

(Florida street address)

New Registered Office 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

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 checked="" type="checkbox"/> Change | <u>P</u> | <u>Caldwell, David</u> | <u>Lennar Corporation</u> |
| <input type="checkbox"/> Add | | | <u>10481 Six Mile Cypress Pkwy.</u> |
| <input type="checkbox"/> Remove | | | <u>Fort Myers, FL 33966</u> |
| 2) <input type="checkbox"/> Change | <u>VP/D</u> | <u>Ayers, Charlie</u> | <u></u> |
| <input type="checkbox"/> Add | | | <u></u> |
| <input checked="" type="checkbox"/> Remove | | | <u></u> |
| 3) <input type="checkbox"/> Change | <u>S/T</u> | <u>Brewer, Rhonda</u> | <u></u> |
| <input type="checkbox"/> Add | | | <u></u> |
| <input checked="" type="checkbox"/> Remove | | | <u></u> |
| 4) <input type="checkbox"/> Change | <u>S/T</u> | <u>Koratic, Matthew</u> | <u>Lennar Corporation</u> |
| <input checked="" type="checkbox"/> Add | | | <u>10481 Six Mile Cypress Pkwy.</u> |
| <input type="checkbox"/> Remove | | | <u>Fort Myers, FL 33966</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> |

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

NONE.

The date of each amendment(s) adoption: 05/18/2017, if other than the date this document was signed.

Effective date if applicable: 05/18/2017
(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

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)

Matthew Koratich

(Typed or printed name of person signing)

Secretary

(Title of person signing)