

Oct. 23, 2020 4:27PM
10/15/2020

Ourdes Youth Services

Division of Corporations

No. 2666

P. 1

N/15000008824

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LISETTE PIE SALAZAR PA
Account Number : I20120000076
Phone : (305)361-6161
Fax Number : (305)361-6168

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED

2020 OCT 23 A 10:43

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
GABLES RIVIERA ON THE WATERWAY CONDOMINIUM
ASSOCIATI**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Amend

OCT 26 2020

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October 16, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GABLES RIVIERA ON THE WATERWAY CONDOMINIUM ASSOCIATION,
426 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442US

SUBJECT: GABLES RIVIERA ON THE WATERWAY CONDOMINIUM ASSOCIATION, INC.
REF: N15000008824

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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.

Rebekah White

Regulatory Specialist II Supervisor

FAX Aud. #: H20000359851

Letter Number: 520A00020512

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GABLES RIVIERA ON THE WATERWAY CONDOMINIUM ASSOCIATION, INC

DOCUMENT NUMBER: N15000008824

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

Please return all correspondence concerning this matter to the following:

LISETTE PIE SALAZAR

(Name of Contact Person)

LISETTE PIE SALAZAR, P.A.

(Firm/ Company)

200 CRANDON BOULEVARD, SUITE 311

(Address)

KEY BISCAVNE, FL 33149

(City/ State and Zip Code)

lpsalazarlaw@aol.com

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

For further information concerning this matter, please call:

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Articles of Amendment
to
Articles of Incorporation
of

GABLES RIVIERA ON THE WATERWAY CONDMINTUM ASSOCIATION, INC.

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

N15000008824

(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)

200 CRANDON BOULEVARD, SUITE 311

KEY BISCAVNE, FL 33149

C. Enter new mailing address, if applicable:(Mailing address MAY BE A POST OFFICE BOX)

200 CRANDON BOULEVARD, SUITE 311

KEY BISCAVNE, FL 33149

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:

LISETTE PIE SALAZAR

New Registered Office Address:

200 CRANDON BOULEVARD, SUITE 311

(Florida street address)

KEY BISCAVNE


(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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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 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>PWD, LLC</u>	<u>200 CRANDON BLVD. STE 311</u> <u>KEY BISCAYNE, FL 33149</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>FRANCISCO ESPINOSA</u>	<u>1001 YANATO RD, STE 310</u> <u>BOCA RATON, FL 33431</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>OSCAR MORENO</u>	<u>1001 YANATO RD, STE 310</u> <u>BOCA RATON, FL 33431</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>JUAN CARLOS ESCOBAR</u>	<u>1001 YANATO RD. STE 310</u> <u>BOCA RATON, FL 33431</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>

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

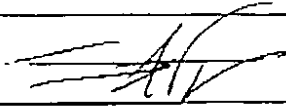
(attach additional sheets, if necessary). (Be specific)

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- ☐ 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 10/06/20 _____

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)

FRANCISCO ESPINOSA

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

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