

8/23/2021

Division of Corporations

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

SECRETARY OF STATE
TALLAHASSEE, FL

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
SEA FROLIC CONDOMINIUM ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

CSC TRANS02
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August 24, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEA FROLIC CONDOMINIUM ASSOCIATION, INC.
3901 SOUTH OCEAN BOULEVARD
HIGHLAND BEACH, FL 33487

SUBJECT: SEA FROLIC CONDOMINIUM ASSOCIATION, INC.
REF: N15000011581

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.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H21000315363
Letter Number: 921A00020277

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SEA FROLIC CONDOMINIUM ASSOCIATION, INC

DOCUMENT NUMBER: N15000011581

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

Please return all correspondence concerning this matter to the following.

JENNIFER BLOCKINGER

(Name of Contact Person)

(Firm/ Company)

THREE LAKES DRIVE

(Address)

NORTHFIELD, IL 60093

(City/ State and Zip Code)

JBLOCKINGER@MEDLINE.COM

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

For further information concerning this matter, please call.

_____ 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.

- | | | | |
|--|--|---|--|
| <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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

SEA FROLIC CONDOMINIUM ASSOCIATION, INC

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

SEA FROLIC CONDOMINIUM ASSOCIATION N15000011581

(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)*

4521 S Ocean Blvd

Highland Beach, FL 33487

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

3 Lakes Dr

Northfield, IL 60093

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: Corporation Service Company

1201 Hays Street

*(Florida street address)*New Registered Office Address:

Tallahassee

(City)

Florida 32301

*(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.*

Alexis Weir assistant vice president

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, P 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Andy Mills</u>	<u>2479 Woodbrige Ln</u> <u>Highland Park, IL 60035</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Bob Krembil</u>	<u>4523 S Ocean Blvd</u> <u>Highland Beach, FL 33487</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Linda Krembil</u>	<u>4523 S Ocean Blvd</u> <u>Highland Beach, FL 33487</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Nancy Mills</u>	<u>4521 S Ocean Blvd</u> <u>Highland Beach, FL 33487</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PTD</u>	<u>Toth Tibor</u>	<u>4523 S Ocean Blvd</u> <u>Highland Beach, FL 33487</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TSD</u>	<u>Dunlea Darrin</u>	<u>4523 S Ocean Blvd</u> <u>Highland Beach, FL 33487</u>

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

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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 08/20/2021

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)

Andy Mills

(Typed or printed name of person signing)

President

(Title of person signing)

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