

N160000011576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

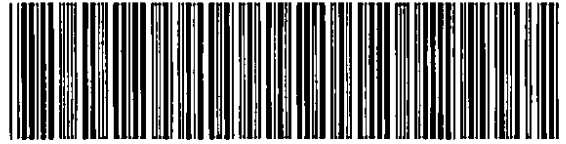
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FILED  
18 AUG 17 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 20 2018  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2018

LISA GOLDMAN, LCAM  
SECRETS HIDEAWAY RESORT & SPA  
2145 EAST IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34744

SUBJECT: SECRETS HIDEAWAY RESORT & SPA CONDOMINIUM  
ASSOCIATION, INC.  
Ref. Number: N16000011576

We have received your document for SECRETS HIDEAWAY RESORT & SPA 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):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 818A00015990

RECEIVED  
18 AUG 17 AM 5:11  
SECRETARY OF  
TALLAHASSEE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SECRETS HIDEAWAY RESORT & SPA CONDOMINIUM ASSOCIATION, INC.

**DOCUMENT NUMBER:** N16000011576

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

Please return all correspondence concerning this matter to the following:

LISA GOLDMAN, LCAM

(Name of Contact Person)

SECRETS HIDEAWAY RESORT & SPA CONDOMINIUM ASSOCIATION, INC.

(Firm/ Company)

2145 E. IRLO BRONSON MEMORIAL HWY

(Address)

KISSIMMEE, FL 34744

(City/ State and Zip Code)

SECRETSCONDOMANAGER@GMAIL.COM

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

For further information concerning this matter, please call:

LISA GOLDMAN

847

800-8643

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: **PAYMENT WAS SUBMITTED PREVIOUSLY.**

☐ \$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

**LETTER NUMBER: 818A00015990**

Articles of Amendment  
to  
Articles of Incorporation  
of

SECRETS HIDEAWAY RESORT & SPA CONDOMINIUM ASSOCIATION, INC.

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

N16000011576

(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:**

N/A

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**)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

**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: N/A

New Registered Office Address:

(Florida street 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

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18 AUG 17 AM 11:45  
TALLAHASSEE, FLORIDA

**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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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) <u>X</u> Change	<u>P</u>	<u>JAMES CALLAHAN</u>	<u>2145 E. IBM HWY</u>
<u>      </u> Add			<u>KISSIMMEE, FL 34744</u>
<u>      </u> Remove			
2) <u>      </u> Change	<u>VP/S</u>	<u>CARMEN FIGUEROA</u>	<u>2145 E. IRLO BRONSON MEM H</u>
<u>X</u> Add			<u>KISSIMMEE, FL 34744</u>
<u>      </u> Remove			
3) <u>      </u> Change	<u>T</u>	<u>EDWIN MARCIAL</u>	<u>2145 E. IBM HWY</u>
<u>X</u> Add			<u>KISSIMMEE, FL 34744</u>
<u>      </u> Remove			
4) <u>      </u> Change	<u>MGR</u>	<u>LISA GOLDMAN</u>	<u>2145 E. IBM HWY</u>
<u>X</u> Add			<u>KISSIMMEE, FL 34744</u>
<u>      </u> Remove			
5) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
6) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			

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

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

N/S

8/15/2018

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 8/15/2018 \_\_\_\_\_

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)

JAMES CALLAHAN

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)