# 116370

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





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12/29/08--01046--030 \*\*96.25

Amend & MC
TB

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Gateway Condominium Association Of St.Lucie, Inc		
DOCUMENT NUMBER:	·	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Harold Barth (Name of C	Contact Person)	
	ssociation of SSt. Lucie, Inc. Company)	
1438 SE Huffman Rd.	ddress)	
Port St.Lucie, Florida (City/ State	a 34952 e and Zip Code)	
For further information concerning this matter, ple	ease call:	
. (Name of Contact Person)	at (	
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:	
\$35 Filing Fee \$\tag{Certificate of Status}\$  2009 filing fee \$\tag{61.25}\$  reinstatement fee \$\$48.75\$	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

#### Articles of Amendment to Articles of Incorporation of

FILED
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TALLAHASSEE, FLORE
States St. P.

Catowa- Condominium		<b>T</b>	AHASSEE OF STA
- Gatoway Condominium ( <u>Name of Corporation as cu</u>	rrently filed with	the Florida Dept. of St	tate) OF STA
N16370			·
	Number of Corporat	ion (if known)	
rsuant to the provisions of section 617.100 following amendment(s) to its Articles of		, this <i>Florida Not For I</i>	Profit Corporation ado
If amending name, enter the new name	e of the corporatio	<u>n:</u>	
Gateway Condominium As e new name must be distinguishable and breviation "Corp." or "Inc." <u>"Company</u>	d contain the word	"corporation" or "inc	corporated" or the
Enter new principal office address, if a incipal office address MUST BE A STR.		1438 SE Huf1	Eman Rd.
		Port St Luci	e, FL 34952
Enter new mailing address, if applical	ble:		<del></del>
(Mailing address MAY BE A POST OF		Same as abo	ove
•			
		·	
If amending the registered agent and/o new registered agent and/or the new re			ter the name of the
Name of New Registered Agent:	Harold Ba	<del>rth</del>	
New Registered Office Address:		uffman Rdida street address)	_
	Port St.L		, Florida_34952
		(City)	(Zip Code)
w Registered Agent's Signature, if chan ereby accept the appointment as registe ition.	red agent. I am	familiar with and acce	ept the obligations of
	1/ 1	1/2	

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PTD	Samuel T. Viviano		□ Add □ Remove
<u>D</u>	Samuel T. Viviano III		
VPD	Harold Barth		□ Add ☑ Remove
E. If amend (attach ad	ing or adding additional Articles, enter of ditional sheets, if necessary). (Be specificational sheets)	change(s) here:	Sheets attached
		•	
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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)

<u>Title</u>	Name	Address	Type of Action
<u> </u>	Harold Barth	944 SE Breakwater Ave Port St.Lucie,FL	P ■ Remove
_VP	Robert Sullivan	8273 S.Indian River Fort Pierce, FL 34982	DR • □ Remove
<u> </u>	Susan Taylor	8273 S.Indian River Fort Pierce, FL E	<u>OR</u> .□ Remove
	ding or adding additional Articles, enadditional sheets, if necessary). (Be sp	ter change(s) here:	tional sheets attached
		· · · · · · · · · · · · · · · · · · ·	·
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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>T</u>	Judy Barth	944 SE Breajwate Port St.Lucie,FL	Add Add Remove
	<u> </u>		Add Remove
	:		Add Remove
E. <u>If amen</u>	iding or adding additional	Articles, enter change(s) here:	
(attach a	additional sheets, if necessar	y). (Be specific)	
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The date of each amendment(s) a	doption: 13/22/08
Effective date if applicable:	
	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated 12/2	2/08
Signature _	andSax
(By the have not	chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator — if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)
_	Harold Barth (Typed or printed name of person signing)
	President (Title of person signing)