

N17 000 008 276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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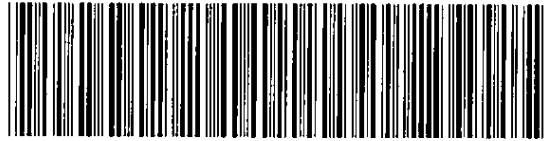
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 1, 2023

STEPHANIE RESAVY  
790 PARK OF COMMERCE BLVD, SUITE 200  
BOCA RATON, FL 33487

SUBJECT: VALENCIA CAY HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N17000008276

We have received your document for VALENCIA CAY HOMEOWNERS 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):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Not for Profit Corporation. Please complete and return the enclosed blank form(s).

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.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 423A00020253

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Valencia Cay Homeowners Assoc Inc.

DOCUMENT NUMBER: N17 000008270

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

Please return all correspondence concerning this matter to the following:

STEPHANIE RESAVY

Name of Contact Person

Lang Management Co.

Firm/ Company

790 Park of Commerce Blvd, Suite 200

Address

Boca Raton, FL 33487

City/ State and Zip Code

StephanieR@langmanagement.com

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

For further information concerning this matter, please call:

Stephanie Resavy

Name of Contact Person

at (561) 750-8800

Area Code & Daytime Telephone Number

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

☒ \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Valencia Cay Homeowners Association Inc.

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

N17 000008276

(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**)

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

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, 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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |           |               |  |
|--|-----------|---------------|--|
| 1) <input type="checkbox"/> Change         | Director  | Don Weiss     | 11251 SW Winding Ridge<br>Port St Lucie, FL 34986  |
| <input checked="" type="checkbox"/> Add    |           |               |  |
| <input type="checkbox"/> Remove            |           |               |  |
| 2) <input type="checkbox"/> Change         | President | ANDREA LEVINE | 11251 SW Winding Ridge<br>Port St. Lucie, FL 34986 |
| <input type="checkbox"/> Add               |           |               |  |
| <input checked="" type="checkbox"/> Remove |           |               |  |
| 3) <input type="checkbox"/> Change         |           |               |  |
| <input type="checkbox"/> Add               |           |               |  |
| <input type="checkbox"/> Remove            |           |               |  |
| 4) <input type="checkbox"/> Change         |           |               |  |
| <input type="checkbox"/> Add               |           |               |  |
| <input type="checkbox"/> Remove            |           |               |  |
| 5) <input type="checkbox"/> Change         |           |               |  |
| <input type="checkbox"/> Add               |           |               |  |
| <input type="checkbox"/> Remove            |           |               |  |
| 6) <input type="checkbox"/> Change         |           |               |  |
| <input type="checkbox"/> Add               |           |               |  |
| <input type="checkbox"/> Remove            |           |               |  |

☒ 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 10/3/23

Signature *Maureen Cook*  
(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)

Maureen Cook  
(Typed or printed name of person signing)

President  
(Title of person signing)

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***VALENCIA CAY BOARD OF DIRECTORS LIST***  
***07/27/2023 to 08/01/2024***

<b><u>President:</u></b>	Maureen Cook 11535 SW Half Moon Lake Lane Port St Lucie, FL 34987 508-523-8218 <a href="mailto:mcookvcay@gmail.com">mcookvcay@gmail.com</a>
<b><u>Vice President /</u></b>	Margie Spruchman 11735 SW Golden Galls Lane Port St. Lucie, FL 34987 972-898-4549 <a href="mailto:margievcay@yahoo.com">margievcay@yahoo.com</a>
<b><u>Secretary:</u></b>	Frank Murgio 10595 SW Sunray Port St. Lucie, FL 34987 908-209-6028 <a href="mailto:Fmurgio.hoa@yahoo.com">Fmurgio.hoa@yahoo.com</a>
<b><u>Treasurer:</u></b>	Barry Rubin 11686 SW Golden Falls Lane Port St. Lucie, FL 34987 407-790-9902 <a href="mailto:brubinvcay@gmail.com">brubinvcay@gmail.com</a>
<b><u>Director:</u></b>	Donald Weiss 11961 SW Chestnut Grove Drive Port St Lucie, FL 34987 212-967-4440 <a href="mailto:donaldweissvc@gmail.com">donaldweissvc@gmail.com</a>
<b><u>Director:</u></b>	Ross Telson 11705 SW Coronado Springs Drive Port St Lucie, FL 34987 423-400-9425 <a href="mailto:rosstelson@gmail.com">rosstelson@gmail.com</a>
<b><u>Director:</u></b>	Heidi Thornlow 10948 SW Ivory Springs Lane Port St Lucie, FL 34987 571-213-5341

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