## N11940

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	chinson Island Condom	inium Asso	ciation Inc.
N17940 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subr	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Laura Charbeneau			
	(Name of Contact Perso	on)	
Carlton Villas of Hutchinson Island Condominium As	sociation Inc.		
	(Firm/ Company)		
1180 Carlton Ct #E			
	(Address)		
Fort Pierce, FL 34949			
	(City/ State and Zip Co	de)	
lauracharbe@gmail.com			
E-mail address: (to be used	for future annual repor	notification	1)
For further information concerning this matter, please	call:		
Laura Charbeneau		21	
(Name of Contact Person)	) at	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida De	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status iced Copy tional Copy is used)
Mailing Address  Amendment Section		t Address dment Secti	оп
Division of Corporations		on of Corpo	

**Division of Corporations** The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation

Carlton Villas of Hutchinson Island Condominium Association Inc.

Name of Corporation as currently filed with th	e Florida Dept. of State)	
N17940		
(Docur	nent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application	able:	<u> </u>
(Principal office address MUST BE A STREET)		<b>2021</b>
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX)	(Sec. 王
	<del></del> _	(SC)
		2
		* 1
D. If amending the registered agent and/or regi	stered office address in Florida	enter the name of the
new registered agent and/or the new register		Cinci the name of the
Name of New Registered Agent:	Dale McTaggart	
	1180 Carlton Ct #K	
	(F	lorida street address)
New Registered Office Address		
	Fort Pierce	, Florida 34949
	(City)	(Zip Code)
	D	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		the obligations of the position.
accept the approximent an regime on age.	() OM ?	Punt
-	Signature of New Regist	refed 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)

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.

V Mike Jo	<u>mes</u>	
Title	<u>Name</u>	<u>Addres</u> s
PD	James B Hendricks	3535 NE Skyline Dr Jensen Beach, FL 34957
PD	Dale McTaggart	1180 Carlton Ct #K Fort Pierce, FL 34949
<u>S</u>	Kevin Spicer	Fort Pierce, FL 34949
<u>S</u>	George Connelly	Fort Pierce, FL 34949
ng additional Arti	cles, enter change(s) here: (Be specific)	
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		<u></u>
	PD  PD  S  S  ag additional Arti	PD James B Hendricks  PD Dale McTaggart  S Kevin Spicer

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The date of each amendmen date this document was signed	t(s) adoption: l.					, if other than the
	06/12/2021					
Effective date if applicable:	(no more	than 90 days afte	er amendment fi	le date)		
Note: If the date inserted in the document's effective date on the	his block does not me the Department of Sta	et the applicable te's records.	statutory filing re	equirements, this	date will not be	e listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(<u>CHECK ONE</u>)

Adoption of Amendment(s)

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  Signature  Name (Naublinea)
(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)
Laura Charbeneau
(Typed or printed name of person signing)
Treasurer
(Title of person signing)