

N18479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

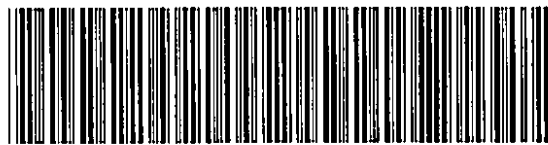
(Document Number)

Certified Copies _____ Certificates of Status _____

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07/23/18--01001--008 **10.00

07/03/18 07:06 003 **23.00

FILED

18 AUG - 1 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 02 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2018

AMY FERGUSON
AW REAL ESTATE MANAGEMENT
11780 US HIGHWAY ONE #305
NORTH PALM BEACH, FL 33408

SUBJECT: PALMS WEST MEDICAL CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N18479

7/27/2018

Shelia:
Thank you for your help
in getting the correct form.
Jasmine Shannon
PS Hope you have a great weekend.

We have received your document for PALMS WEST MEDICAL 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):

You failed to make the correction(s) requested in our previous letter.

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

We are enclosing the proper form(s) with instructions for your convenience.

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: 318A00014094

RECEIVED
18 AUG -1 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2018

AMY FERGUSON
AW REAL ESTATE MANAGEMENT
11780 US HIGHWAY ONE #305
NORTH PALM BEACH, FL 33408

SUBJECT: PALMS WEST MEDICAL CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N18479

We have received your document for PALMS WEST MEDICAL CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

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: 318A00014094

RECEIVED
18 JUL 19 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Palms West Medical Condominium Association, Inc.

DOCUMENT NUMBER: N18479

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

Please return all correspondence concerning this matter to the following:

Amy Ferguson

(Name of Contact Person)

AW Real Estate Management

(Firm/ Company)

11780 US Highway One, Suite 305

(Address)

North Palm Beach, FL 33408

(City/ State and Zip Code)

sbarot@awproperty.com

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

For further information concerning this matter, please call:

Amy Ferguson

561

687-5800

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Palms West Medical Condominium Association, Inc.

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

N18479

(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**)*

13005 Southern Boulevard

Loxahatchee, Florida 33470

C. Enter new mailing address, if applicable:

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

AW Real Estate Management

11780 US Highway One, #305

North Palm Beach, Florida 33408

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:

AW Real Estate Management

11780 US Highway One, #305

(Florida street address)

New Registered Office Address:

North Palm Beach

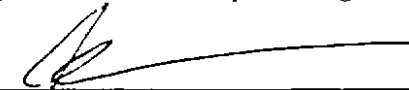
(City)

Florida 33408

(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, 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:

<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 type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>Waxman, Brian K</u>	<u>2801 PGA Boulevard</u> <u>Suite 220</u> <u>Palm Beach Gardens, FL 33410</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Director</u>	<u>Akhter, Mujeeb</u>	<u>11780 US Highway One</u> <u>Suite 305</u> <u>North Palm Beach, FL 33408</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Director</u>	<u>Sinclair, Michael</u>	<u>13005 Southern Boulevard</u> <u>Loxahatchee, FL 33470</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Sinclair, Michael</u>	<u>13005 Southern Boulevard</u> <u>Loxahatchee, FL 33470</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Nir, Itzhak</u>	<u>13005 Southern Boulevard</u> <u>Loxahatchee, FL 33470</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Kernizan, Lorna</u>	<u>13005 Southern Boulevard</u> <u>Loxahatchee, FL 33470</u>

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

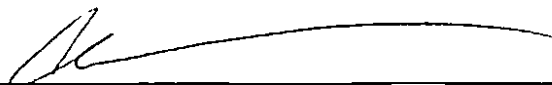
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 7-26-2018

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)

Amy Ferguson
(Typed or printed name of person signing)

Dr. Asset R
(Title of person signing)