

11/14/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000334972 3)))



H190003349723ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
AVENIR SITE PLAN 1-POD 1 NEIGHBORHOOD ASSOCIATION, I**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

2019 NOV 14 PM 10:07

FILED

2019 NOV 14 PM 3:52

RECEIVED

Amend & N/C

Articles of Amendment
to
Articles of Incorporation
of

Avenir Site Plan 1- Pod 1 Neighborhood Association, Inc.

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

N19000003292

(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:

Watermark at Avenir Neighborhood Association, Inc.

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)

951 Broken Sound Parkway NW, Suite 180

Boca Raton, FL 33487

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

951 Broken Sound Parkway NW, Suite 180

Boca Raton, FL 33487

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:

CT Corporation System

1200 S. Pine Island Road #250

(Florida street address)

New Registered Office Address:

Plantation

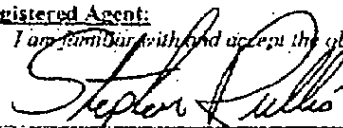
Florida 33324

(City)

(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

Stephen Rullis, Assistant Secretary

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 PT 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) ☐ Change	PD	Manuel M. Mató	550 Biltmore Way, Suite 1110
☐ Add			Coral Gables, FL 33134
☒ Remove			
2) ☐ Change	VD	Rosa Eckstein Schechter	550 Biltmore Way, Suite 1110
☐ Add			Coral Gables, FL 33134
☒ Remove			
3) ☐ Change	STD	David Serviansky	550 Biltmore Way, Suite 1110
☐ Add			Coral Gables, FL 33134
☒ Remove			
4) ☐ Change	PD	Jason Shearun	951 Broken Sound Parkway NW
☒ Add			Suite 180
☐ Remove			Boca Raton, FL 33487
5) ☐ Change	VD	Danton Savastano	951 Broken Sound Parkway NW
☒ Add			Suite 180
☐ Remove			Boca Raton, FL 33487
6) ☐ Change	STD	Stuart Gordon	951 Broken Sound Parkway NW
☒ Add			Suite 180
☐ Remove			Boca Raton, FL 33487

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

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

11/14/19
Toll Southeast LP Company, Inc., a Delaware corporation; the sole member of Avenir Site Plan 1-Pod 1 Neighborhood Association, Inc., n/k/a Watermark at Avenir Neighborhood Association, Inc.

Signature

[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)

Jason Sheehan
(Typed or printed name of person signing)

President
(Title of person signing)