

# N19000008075

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)637-6388

From: Account Name : WOOD, BUCKEL AND CARMICHAEL, PLLC  
Account Number : 229170000051  
Phone : (239)552-4100  
Fax Number : (239)263-7922

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

Email Address: bsm@wblclawyers.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
THE PRESERVE AT BAY'S EDGE CONDOMINIUM ASSOCIATION,

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C. GOLDEN  
AUG 15 2019

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COVER LETTERTO: Amendment Section  
Division of CorporationsNAME OF CORPORATION: THE PRESERVE AT BAY'S EDGE CONDOMINIUM ASSOCIATION, INC.DOCUMENT NUMBER: N19000008075The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TANJA NORMIL/ BONIE MONTALVO

(Name of Contact Person)

WOOD BUCKEL AND CARMICHAEL, PLLC

(Firm/ Company)

2150 GOODLETTE ROAD NORTH SIXTH FLOOR

(Address)

NAPLES, FL 34102

(City/ State and Zip Code)

BSM@WBCLAWYERS.COM ; TNO@WBCLAWYERS.COM

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

For further information concerning this matter, please call:

TANJA NORMIL/ BONIE MONTALVO

(Name of Contact Person)

239

(Area Code)

552-4100

(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 AddressAmendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street AddressAmendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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850-817-8381

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August 14, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

THE PRESERVE AT BAY'S EDGE CONDOMINIUM ASSOCIATION, INC  
309 US HIGHWAY 98 UNIT #3  
APALACHICOLA, FL 32320

SUBJECT: THE PRESERVE AT BAY'S EDGE CONDOMINIUM ASSOCIATION, INC.  
REF: N19000008075

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

FAX Aud. #: H19000238399  
Letter Number: 319A00016713

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2019 AUG 14 PM 12:37

P.O BOX 6327 - Tallahassee, Florida 32314

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2019 AUG 14 AM 10:03

Articles of Amendment  
to  
Articles of Incorporation  
of

THE PRESERVE AT BAY'S EDGE CONDOMINIUM ASSOCIATION, INC.

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

N19000003075

(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

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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)

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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	DPTS	Elizabeth Trawick	309 U.S. Highway 98
<input checked="" type="checkbox"/> Add			Apalachicola, FL 32320
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input 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			

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**F. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

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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 8/14/2019

Signature Elizabeth Trawick  
(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)

Elizabeth Trawick

(Typed or printed name of person signing)

Director

(Title of person signing)

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