(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

4851.



100352818141

09/30/20--01006--020 ++35.00



C. GOLDEN OCT - 7 2020

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DELRAY ESTATE HO	MEOWNE	RS		
ASSOCIATION, INC.				
ASSOCIATION, INC.				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
			]	Fictitious Search
Signature		<del></del>		Fictitious Owner Search
-				Vehicle Search
				Driving Record
Requested by: Seth	10/05/20			UCC 1 or 3 File
	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DELRAY ESTAT	E HOMEOWNERS AS	SOCIATION,	INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are se	bmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Arnold M. Straus			
	(Name of Contact Pe	erson)	
Straus & Associates, P.A.			
	(Firm/ Company	y)	
10081 Pines Blvd., Ste. C			
	(Address)	<u> </u>	
Pembroke Pines, Florida 33024			
	(City/ State and Zip	Code)	
sstraus@strauslegal.com			
E-mail address: (to be us	sed for future annual re	port notification	1)
For further information concerning this matter, plea	ase call:		
Arnold M. Straus	at	954	431-2000
(Name of Contact Pers		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida	Department of	State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Statu		Certif is Certif (Addi	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		reet Address mendment Sect	ion
Distator of Communitions	1)	ivicion of Com	arations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



October 1, 2020

CAPITAL CONNECTION, INC.

SUBJECT: DELRAY ESTATE HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N20000002015

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 820A00018968

## Articles of Amendment Articles of Incorporation

DELRAY ESTATE HOMEOWNERS ASSOCIATION,	INC.	777,5 -5 1710
Name of Corporation as currently filed with the Flor	ida Dept. of State)	
N20000002015		
(Document N	umber of Corporation (if kno	own)
fursuant to the provisions of section 617.1006, Florida S mendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For	Profit Corporation adopts the following
. If amending name, enter the new name of the corp	oration:	
name must be distinguishable and contain the word "cor Company" or "Co." may not be used in the name.	poration" or "incorporated"	or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	ESS )	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
	<del></del>	
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered off</li> </ol>	<u>l office address in Florida, e</u> fice address:	nter the name of the
	<u>116 6 11 00 11 00 11 11 11 11 11 11 11 11 11 </u>	
Name of New Registered Agent:		
·		
New Registered Office Address:	(Flor	ida street address)
		Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	ered Agent: Im familiar with and accept to	he obligations of the position.
<del></del>	Signature of New Register	ed 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: X Change X Remove X Add	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
t) X Change Add	P/D	JEFFREY N. SPEAR	3921 SW 47AVE, STE. 1013 FORT LAUDERDALE, FL 33314
Remove			
2) X Change Add	VST/D	DAVID A. SPEAR	3921 SW 47AVE, STE. 1013 FORT LAUDERDALE, FL 33314
Remove 3) X Change Add Remove	<u>V/D</u>	DANIEL M. SPEAR	3921 SW 47AVE, STE. 1013 FORT LAUDERDALE, FL 33314
4) Change Add	<del></del>	<del></del>	
Remove			
5) Change Add			
Remove			<u> </u>
6) Change Add	<del></del>		
Remove			
E. If amending or addi (attach additional she	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
	· <del>-</del>		
	<u></u>		

		<del></del>
	-	<del></del>
		<del></del>
		<del></del>
		<del></del>
		<del></del>
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not be tof State's records.	e listed as the
Adoption of Amendment(s) (	CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes cast for the 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 $\frac{10/2/2020}{}$			
Signature V.P. DIR.			
(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)			
DAVID A SPEAR			
(Typed or printed name of person signing)			
Vice President/Director			
(Title of person signing)			