

N20927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

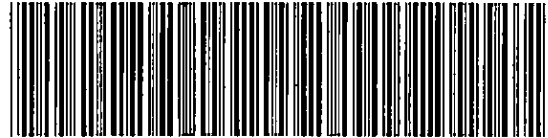
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900334751399

09/10/13--0107--012 \$*80.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09/10/2013 PM 4:28

Amend

SEP 16 2013

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Northtree Community Association, Inc.

DOCUMENT NUMBER: N20927

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

Please return all correspondence concerning this matter to the following:

Janna Grober

(Name of Contact Person)

Community Management and Construction, Inc.

(Firm/ Company)

22151 Shorewind Dr.

(Address)

Boca Raton, FL 33428

(City/ State and Zip Code)

cmcjanna@gmail.com

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

For further information concerning this matter, please call:

Janna Grober

(Name of Contact Person)

at 561-451-3899

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" 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

19 SEP 30 PM 4:28

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Articles of Amendment
to
Articles of Incorporation
of

Northtree Community Association, Inc.

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

N20927

(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**)

n/a

C. Enter new mailing address, if applicable:

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

n/a

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:

n/a

(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

FILED
SECRETARY OF STATE
CORPORATIONS
14-SEP-30 11:42:28

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>

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

T

Wayne Pinon

7186 Lake Island Dr.
Lake Worth, FL 33467

☐ Add

☒ Remove

2) ☒ Change

T

Brian Hains

7050 Peninsula Ct.
Lake Worth, FL 33467

☐ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

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

n/a

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

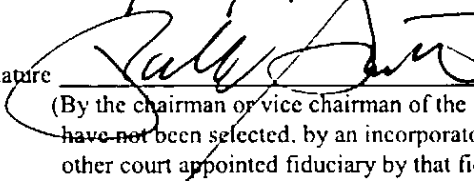
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 9/25/19

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)

Paul Smith
(Typed or printed name of person signing)

President
(Title of person signing)

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20927

Entity Name: NORTHTREE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

22151 SHOREWIND DR
BOCA RATON, FL 33428

Current Mailing Address:

22151 SHOREWIND DR
BOCA RATON, FL 33428 US

FEI Number: 65-0019235

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROYLE, PHILIP JESQ
370 W CAMINO GARDENS BLVD SUITE 300
BOCA RATON, FL 33432-5817 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name LAPOINTE, WALTER
Address 7700 GROVEWOOD DRIVE
City-State-Zip: LAKE WORTH FL 33467

Title PD
Name SMITH, PAUL
Address 7740 STONE HARBOR DRIVE #1
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER
Name PINON, WAYNE
Address 7186 LAKE ISLAND DRIVE
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY
Name GAUDIO, JULIA
Address 6565 MARISSA CIRCLE
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name HAINES, BRIAN
Address 7050 PENINSULA COURT
City-State-Zip: BOYNTON BEACH FL 33467

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL SMITH

PRESIDENT

02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date