W21535

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ly/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Amend

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11 JUN 22 PM 4: 23
SECRETARY OF STATE
ALLAHASSEF, FLORIES

Mb-22-4



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2011

VIVIAN ALVAREZ ALVAREZ & ASSOCIATES CPAS, PA 2601 SOUTH BAYSHORE DR STE 200 COCONUT GROVE, FL 33133

SUBJECT: BRANDONWOOD ESTATES ASSOCIATION, INC.

Ref. Number: N21535

We have received your document for BRANDONWOOD ESTATES 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 911A00014260

RECEIVED
11 JUN 22 AM 8: 49
SECRETARY OF STATE

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	PRATION: Brandonwood	Estates Association Inc	
DOCUMENT NUM	iber: N21535		
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
		an Alvarez	
	(Name of	f Contact Person)	
		ssociates CPAs, PA	
	(Firn	n/ Company)	
	2601 South Bay	shore Drive Suite 200	
	(Address)	
	Coconut (Grove, FL 33133	
	(City/ Sta	ate and Zip Code)	
	E-mail address: (to be use	ed for future annual report notifical	tion)
For further informati	on concerning this matter, pleas	e call:	
Vivia	n Alvarez	at (305) 250-5660)
(Name	e of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check t	for the following amount made p	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)
	ing Address	Street Address	,
	ndment Section sion of Corporations	Amendment Section Division of Corporation	15
P.O.	Box 6327	Clifton Building	
Talla	hassee, FL 32314	2661 Executive Center	Circle

Tallahassee, FL 32301

Articles of Amendment to ' **Articles of Incorporation** of

11 JUN 22 ED	
TALLAHASST OF ST	3

Brandonwood Estates Association inc.	DEETOTATE
(Name of Corporation as currently filed with the Florida Dept. of State)	LLORIDA
	~~
N21535	

N21	535	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florithe following amendment(s) to its Articles of Incorp		Profit Corporation adopt
A. If amending name, enter the new name of the	corporation:	
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co		acorporated" or the
B. Enter new principal office address, if applicab	ole:	
(Principal office address <u>MUST BE A STREET AI</u>	DDRESS)	
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
D. If amending the registered agent and/or regist		nter the name of the
new registered agent and/or the new registere	d office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		
	(City)	, Florida (Zip Code)
	•	(Lip Code)
New Registered Agent's Signature, if changing Re		and the obligations of the
I hereby accept the appointment as registered age position.	ni. 1 am jamiliar wiin and acc	epi ine oougations of the
	•	

Signature of New Registered Agent, if changing

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	Shirley James	10823 SW 158 Lane Miami, FL 33157	☐ Add ☑ Remove
<u>D</u>	Mae Ellen Rollinson	10811 SW 158 Terrace Miami, FL 33157	
<u>D</u>	Joan Briggs	10850 SW 158 Lane Miami, FL 33157	☐ Add ☑ Remove
(attach d	additional sheets, if necessary). (Be	specific)	
		 	

<u>Title</u>	<u>Name</u>	Address	Type of Action
DVP	Francisco Aponte	10853 SW 159 Terrace Miami, FL 33157	☑ Add □ Remove
DAT	Joan Briggs	10850 SW 158 Lane Miami, FL 33157	☑ Add ☐ Remove
DT	Shirley James	10823 SW 158 Lane Miami, FL 33157	
	nding or adding additional Articles, additional sheets, if necessary). (Bo		
<u>.</u>			
		· 	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>DVP</u>	Audry Fray	15871 SW 108 Avenue Miami, FL 33157	☑ Add ☐ Remove
DAS	Berbeth Fray	15871 SW 108 Avenue Miami, FL 33157	☐ Add ☐ Remove
<u>DP</u>	Newton Gregory	10853 SW 158 Lane Miami, FL 33157	☑ Add □ Remove
	iding or adding additional Articles additional sheets, if necessary). (B		
	additional streets, if necessary).		
	· · · · · · · · · · · · · · · · · · ·		

<u>Title</u> <u>Name</u> Address Type of Action Denis Zager D 10813 SW 158 Lane ___ 🗹 Add ☐ Remove Miami, FL 33157 Mae Ellen Rollinson DS Miami, FL 33157 Remove D Bevelin McLaughlin Miami, FL 33157 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption	on: 05/14/11
Effective date <u>if applicable</u> :	(date of adoption is required) 05/14/11
	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were
Dated 6/18/	121 200
have not been	nan or vice chairman of the board, president or other officer-if directors selected by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)
	Shirley James
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)