## N24213

(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<u> </u>
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Operior management to 1 ming officer.

Office Use Only



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FILED 11 AUG 26 AM 8: 28 SECRETARE OF STATE

Mr-29-11



June 22, 2011

JOHN GREEN 106 EVERGLADES BLVD STUART, FL 34994

SUBJECT: BEAU RIVAGE HOME OWNERS ASSOCIATION, INC.

Ref. Number: N24213

We have received your document for BEAU RIVAGE HOME OWNERS 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):

It appears that you completed the wrong form.

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: 911A00015104

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

BEAU RIVAGE HOME	E DWNERS ASSOCIATION, INC.		
DOCUMENT NUMBER: N 24213			
The enclosed Articles of Amendment and fee are submitted for filin	ıg.		
Please return all correspondence concerning this matter to the follow	ving:		
JOHN GREEN			
(Name of Contact Person			
(Name of Contact Person)  AF 5 C			
(Name of Contact Person)  BRHDA, INC.  (Firm/Company)			
(Name of Contact Person)  BRHDA, INC.  (Firm/Company)  (Firm/Company)  RECTARY  RECT			
106 EVERGLADES BLVD.			
(Address)			
STUART, FL. 3499	4		
(City/State and Zip Cod Pres: FORTUNE 500 @ COMCA 5			
E-mail address: (to be used for future and	nual report notification)		
For further information concerning this matter, please call: 772-	631-4990		
	335-2365		
	rea Code & Daytime Telephone Number)		
Enclosed is a check for the following amount made payable to the F	lorida Department of State:		
Sept 4/14/2011 Certificate of Status Certified Continuation (Additional enclosed)	al copy is Certified Copy		
Amendment Section Ar Division of Corporations Di P.O. Box 6327 Cl	reet Address nendment Section vision of Corporations ifton Building 61 Executive Center Circle		

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

BEAU RI	AGE HON	EDWNE	RS HSSOCIATION	, INC.
(Name of	Corporation as curr		he Florida Dept. of State)	_
(Document Number of Corporation (if known)				
	(Document Nur	nber of Corporation	on (II Known)	E 1
Pursuant to the provisions the following amendments			this Florida Not For Profit Cor	position adolts
A. If amending name, en	nter the new name o	f the corporation	<u>ı:</u>	F. FLORE
The new name must be a abbreviation "Corp." or			"corporation" or "incorporated be used in the name.	d" or they
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		106 EVERGLAD		
			STUART, FL 349	94
			CHANGED 4/14	12011
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  106 EVER GLADES BLVD				
			STUART, FL 3	4994
			CHANGED 6/14/	2011
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 Reg	istered Agent:	JOHN G	rueen	
		106 EVE	ERGLADES BLVD.	
New Registered O	f <u>fice Address</u> :	(Florid	ERGLADES BLVD , da street address)	
		STUAR	City), Florid (Zip	da <u>34</u> 994 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.		John	Guerr	
		Signature of New	Registered Agent, if changing	_

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Pris:	JOHN GUBEN	104 EVERGLADES B STUANT, FL 3499 F	z <i>u</i> b □ <del>-Ad</del> d
Presi	ROY HerNADEZ	Z13 EVERGLUDIS BU STUDIT, FL 34994	Remove
SEC:	ROSAUNA LAMBERTSON CRISTI HERNADEZ	114GVERGLADES BI STUHT, FL 34999 213 EVERGLADES B	∠ □ Add
Thes: Thes: VICE.P	STAN KURTZ DUTTON, JOAN HS JOHN MEEKS	108 EVERGLADES E STWART, FG 34994 203 EVERGUADES B STWART, FL 34994 107 EVERGLADES	<del>[2] Add</del> <u>∠v⊅ [3] R</u> emove
E. <u>If amend</u>	ing or adding additional Articles, enter ditional sheets, if necessary). (Be specificational sheets)	STUART, FL 34994 change(s) here:	
Please	sa ADD JOHN MEEKS	AS VICE Pres.	AS ShowN
<u>A Bo</u>	u.e. in Proper or Dea than	Ko J. Asech	

The date of each amendment(s) adoption:	4/14/2011
Effective date if applicable:	(date of adoption is required)
	more than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entitle adopted by the board of directors.	led to vote on the amendment(s). The amendment(s) was/were
Dated8/23/	2011
Signature	le mel
have not been sel	or vice chairman of the board, president or other officer-if directors lected, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)
50	ho MEEKS
	Typed or printed name of person signing)
<u></u>	vicu Prus BRHOAINC
<del></del>	(Title of person signing)