N26734

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06/11/12--01003--013 **35.00

SECRETARY OF STATE DIVISION OF CORPORATION

Amend

JUN 1 3 2012 T. BROWN

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Overlook Condominium USSOCIATIO
DOÇUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patricia (reen (Name of Contact Person)
Overlook Condoninon association
1147 Hilsbon Mile
HISDON BEACH PL 930 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patricic Green at 954, 427-2878 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
Stiling Fee Status Certificate of Status (Additional copy is enclosed) Status Filing Fee & Status Certified Copy (Additional Copy is (Additional Copy is Certified Copy is Certified Copy (Additional Copy is Certified Copy is Certifi

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

Enclosed)

Articles of Amendment

to Articles of Incorporation

Articles of incorporation	
Overbox condominion association,	Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)	
n 24734	
. (Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	ng
A. If amending name, enter the new name of the corporation:	
The ne	
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)	2
	1000 1000
	CR
	CRETARY OF STATION
C. Enter new mailing address, if applicable:	- CRE
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	3 2 2 2 2
	F 030
	9 22
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the	Tr.
new registered agent and/or the new registered office address:	
Name of New Registered Agent: Pay Echelero	
11107 Hillshop Mile	
(Florida street address)	
New Registered Office Address:	
Hillston Beach 330(a)	
(City) (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.	
Jal M Couland	
Signature of New Registered Agent, if changing	

Page 1 of 4

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	PT John	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u> 50</u>	John Shaw	1147 Hillston Milo Wishon Brack PL 3304
2) Change Add Remove	<u>SD</u>	Claire Calandra	1147 Hilborn Mile Hilborn Beach & 33042
3) Change Add Remove		·	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

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The date of each amendment(s) adopt	tion: 05-14-12
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
Dated Signature	2/12/12 1 DE Chlad
(By the chairman have not been s	n or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)
Pas	1 Echelard
Pres	yped or printed name of person signing)
{ !	Fitle of person signing)