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## COVER LETTER

**TO:** Amendment Section Division of Corporations

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NAME OF CORPORATION	Overlook Condomini ON:	um Association, Inc.		
DOCUMENT NUMBER:	N26734			
	and and the area who	nitted for filing		
The enclosed Articles of Am	tenament and fee are sub-	maca for ining.		
Please return all corresponde	ence concerning this matte	r to the following:		
Paul Echelard				
<del>-</del>		(Name of Contact Pe	rson)	
Overlook Condominium As	sociation, Inc.			
		(Firm/ Company	)	
1167 Hillsboro Mile				
		(Address)	··	
Hillsboro Beach, Fl 33062				
		(City/ State and Zip (	Code)	
overlookcondo@aol.com				
	-mail address: (to be used	for future annual rep	ort notification	1)
For further information conc	reming this matter, please	call:		
Patricia Green		at	954	427-2878
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida L	epartment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee feature of Status feed Copy tional Copy is used)
\$4.00		£\4	nna andalamin	

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

## Articles of Amendment to Articles of Incorporation

of

Overlook Condominium Association, Inc.		
(Name of Corporation as c	urrently filed with the Flo	rida Dept. of State)
N26734		
(Document	Number of Corporation (if )	mown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	prporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		<del></del>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>	ZOIR JUN 25 PH I SECRETARY OF S TALLAHASSEE. FU
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		t, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	11	Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I		t the obligations of the position.
	Signature of New Regi	stered 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	<u>V</u> <u>Mik</u>	n Doc e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TD	Shubert, Sheldon	1167 Hillsboro Mile #612
Add X Remove			Hillsboro Beach, FL 33062
2) Change	<u>VP</u>	Scott Goss	1167 Hillsboro Mile #112
X Add			Hillsboro Beach, Fl. 33062
Remove 3 ) X Change	TD	Alexander Zissu	1167 Hillsboro Mile #216
Add			Hillsboro Beach, FL 33062
Remove			
4) Change			
Add			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)				
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The	e date of each amendment(s) adoption:	, if other than th
date	te this document was signed.	
Eff	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	<u>ote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wiscument's effective date on the Department of State's records.	Il not be listed as the
Ad	doption of Amendment(s) ( <u>CHECK ONE</u> )	
	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 (4/20/18)	
	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)	
	Alexander Zissu	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	