## N29156

(Requestor's Name)		
(Address)	_	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Dusiliess Lituty Name)		
(Document Number)		
(Edutient Humber)		
Certified Copies Certificates of Sta	tus	
Special Instructions to Filing Officer:		
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations Master's Condominium Ason. N29156 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: C/O Masters Condominion Assn (Firm/Company) 1800 Minutemen CSWY
(Address) board @ masters condo board. com:
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at 781 294 7351

(Area Code) (Daytime Telephone Numb Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ★\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (Additional Copy is

Enclosed)



December 27, 2022

RICHARD J ANDERSON 1800 MINUTEMENT CSWY., APT 17 COCOA BEACH, FL 32931

SUBJECT: THE MASTER'S CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N29156

We have received your document for THE MASTER'S CONDOMINIUM ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

You are missing the next to the last page of the application.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 322A00026894



January 25, 2023

RICHARD J ANDERSON 1800 MINUTEMENT CSWY., APT 17 COCOA BEACH, FL 32931

SUBJECT: THE MASTER'S CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N29156

We have received your document for THE MASTER'S CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check one of the boxes on the last 2 pages.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 823A00001831

FEB - 9 2023

## Articles of Amendment

to
Articles of Incorporation
of

1.1.0	
	ndo Minium Assn
(Name of Corporation as currently filed with the Florida D	Dept. of State)
	29136
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion: The new
name must be distinguishable and contain the word "corporat "Company" or "Co," may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	202
(Principal office address <u>MUST BE A STREET ADDRESS</u>	
	W KLID
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent:	1/7
<del></del>	(Florida street address)
New Registered Office Address:	<u>.</u>
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fai	miliar with and accept the obligations of the position.
	1/14
	////
Si	snature of New Registered 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	PT John   V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add	Director	Alyssa G. White	2 Country Club Rd APT 20
Remove  2) Change Add	Director	Faith Gateley (spelling change)	Cocoa Beach FL 3293  2 Country Clob Rd  APT 25  Cocoa Beach FL 3293
Remove 3 ) Remove Add Remove	<del></del>		Cacaa Beach FL 3 (9)
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
	adding additional A l sheets, if necessary).	rticles, enter change(s) here:  (Be specific)	
		N1/4	

	111-1
	NA
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The date of each amendment(s) adoptic date this document was signed.	on: August 15, 2022 if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
<u>Note:</u> If the date inserted in this block do document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not be listed as the sent of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes east for the amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. anvary 10, 2023 Dated 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)

Cyped or printed name of person signing)

Secretary / Treasurer

(Title of person signing)