

N35330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

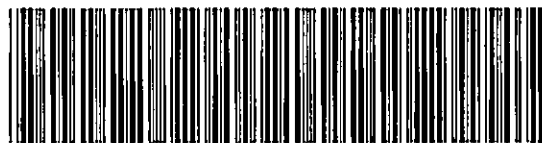
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2021 FEB -6 PM 2:07

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ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Harborview at Fisher Island Condominium Association, Inc.
DOCUMENT NUMBER: N35330

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer James, Esq.
(Name of Contact Person)

ASSOCIATION LAW GROUP, P.L.
(Firm/ Company)

1101 Brickell Ave, Suite 1101, Miami, FL 33131
(Address)



(City/ State and Zip Code)

JJAMES@ALGPL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer James at 305-424-2795
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made 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)
- (25 previously sent)*

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

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



2021 OCT -3 PM 12:52

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2021

JENNIFER JAMES, ESQ.
1101 BRICKELL AVE
STE. 1101
MIAMI, FL 33131

SUBJECT: HARBORVIEW AT FISHER ISLAND CONMDOMINIUM
ASSOCIATION, INC.
Ref. Number: N35330

We have received your document for HARBORVIEW AT FISHER ISLAND
CONMDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$25.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The attached form must be completed in order to file the document.

You failed to complete the enclose form.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 121A00026474



2021 OCT 25 PM 12:51

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2021

JENNIFER JAMES, ESQ.
1101 BRICKELL AVE
STE. 1101
MIAMI, FL 33131

SUBJECT: HARBORVIEW AT FISHER ISLAND CONMDOMINIUM
ASSOCIATION, INC.
Ref. Number: N35330

We have received your document for HARBORVIEW AT FISHER ISLAND
CONMDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$25.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The application/form submitted does not meet the requirements of this office;
please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 221A00021289

Articles of Amendment
to
Articles of Incorporation
of

Harborview at FISHER ISLAND Condominium Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N 35330

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Harborview at Fisher Island Condominium Association, Inc.
The new 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)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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 Registered Agent: _____

New Registered Office Address: _____

_____, Florida
(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.

Signature of New Registered Agent, if changing

2021 DEC -5 PM 2:07

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

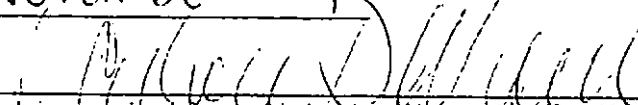
E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

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 November 15, 2021

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)

ANDREA DE MANN
(Typed or printed name of person signing)

BOARD MEMBER
(Title of person signing)