N36287

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	:	ONDO ASSN		
DOCUMENT NUMBER:	N36287			
The enclosed Articles of Amen	dment and fee are sub	mitted for filing.		
Please return all correspondence	e concerning this matt	er to the following:		
Frank Anthony				
		(Name of Contact Pe	erson)	
CASA REEF CONDO ASSI	I INC.			
		(Firm/ Company	<u>')</u>	
1411 Dumont Drive				
	·	(Address)		
Valrico FI 33596				
		(City/ State and Zip	Code)	
frankanthony@yahoo.com				
E-m	ail address: (to be used	for future annual rep	port notification	1)
For further information concern	ing this matter, please	call:		
Frank Anthony		at	609	314-1573
(N:	ame of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the follo	owing amount made pa	yable to the Florida I	Department of	State:
□ \$35 Filing Fee □	\$43.75 Filing Fee & Certificate of Status		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Add Amendment S			eet Address	
Amendment S Division of C			endment Secti ision of Corpo	

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

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

Articles of Amendment to Articles of Incorporation of

CASA REEF CONDO ASSN.

Name of Corporation as currently filed with the Fl	orida Dept. of State)	
N36287		
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co *Company" or "Co." may not be used in the name.	orporation" or "incorporated"	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	
		20
		- P
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Y)	E .
many man cas <u>man about took of the box</u>	<u> </u>	<u> </u>
). If amending the registered agent and/or registere	ed office address in Florida, e	enter the name of the
new registered agent and/or the new registered of	office address:	••
Name of New Registered Agent:		
New Registered Office Address:	(Flor	rida street address)
ivew Registered Office Address.		
	(Cir.)	, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept th	he obligations of the position.
	Signature of New Register	red Avent, 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 Doe V Mike Jones SV Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change Add	<u> </u>	Kittrell, Margaret	1419 Mistyglen Lane Brandon Fl 33510	
Remove 2) Change Add				
Remove 3) Change Add Remove				
4) Change Add				
Remove 5) Change Add				
Remove 6) Change Add				
Remove Page 2 of 4 E. If amending or adding additional Articles, enter change(s) here: (overly additional charts if recognitions) (Page 2 of 4)				
(attach additional sheets, if necessary). (Be specific) Resigning from treasury position. Was never able to have name added to association bank account. Selling condo and will no longer be in Assn				
Treasury responsibilities to be maintained by president and vice president as they are on bank account and have been handling thus far.				

		
 		
		
		
		
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	Page 3 of 4	
The date of each amendmen	2/17/2020 at(s) adoption:	, if other than the
date this document was signe		, outer auth are
Effective date <u>if applicable</u> :	2/17/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in t document's effective date on	his block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) 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 _	2/17/2020	
Signature		· · · · · · · · · · · · · · · · · · ·
ŀ	have not been selected,	chairman of the board, president or other officer-if directors by an incorporator – if in the hands of a receiver, trustee, or duciary by that fiduciary)
	Frank Anthony	
		(Typed or printed name of person signing)
	President	a // to a
		(Title of person signing)

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