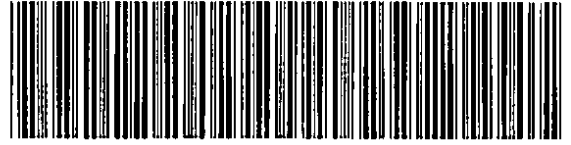


N37478



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Amud

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2019

WILLIAM GLADE
PIER PROPERTY MANAGEMENT
2168 WEBBER STREET
SARASOTA, FL 34239

SUBJECT: AVIGNON VILLAS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N37478

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

MANAGERS ARE NOT AN ACCEPTABLE TITLE FOR THE OFFICER/DIRECTOR LISTINGS. SEE PAGE 2 OF 4 AT THE TOP OF THE PAGE.

THE REGISTERED AGENT CAN NOT SIGN THE DOCUMENT.

IF YOU WANT TO SUBMIT THE REGISTERED AGENT/REGISTERED OFFICE FORM, YOU MUST SUBMIT A SEPARATE FILING FEE OF \$35.00. THE AMENDMENT FORM DOES CHANGE THIS.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 819A00017100

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Anigron Villas Condominium Association, Inc.

DOCUMENT NUMBER: N37478

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

Please return all correspondence concerning this matter to the following:

William Glade
(Name of Contact Person)

Pier Property Management
(Firm/ Company)

2168 Webber Street
(Address)

Sarasota, FL 34239
(City/ State and Zip Code)

piecmanager1@gmail.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Glade at 941 356-1054
(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)

Pd. Check #1036

8/7/19
Per Susan

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

RECORDED

2019 OCT -3 PM 4:15

Articles of Amendment
to
Articles of Incorporation
of

Avignon Villas Condominium Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N37478

(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:

N/A 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)

2168 Webber Street
Sarasota, FL 34239

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

c/o Pice Property Management
2168 Webber Street
Sarasota, FL 34239

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: William Glade

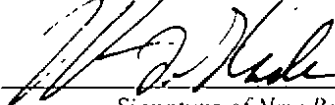
2168 Webber Street
(Florida street address)

New Registered Office Address:

Sarasota, Florida 34239
(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

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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 checked="" type="checkbox"/> Remove	<u>Mgr.</u>	<u>Richardson, Jeff</u> Currently listed as manager. Please remove. See attached.	<u>6400 Manatee Ave W.</u> <u>Suite F</u> <u>Bradenton, FL 34209</u>
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)

MA

The date of each amendment(s) adoption: NA, if other than the date this document was signed.

Effective date if applicable: NA
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

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 9/28/19

Signature [Handwritten 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)

NIRMA K PARIKH
(Typed or printed name of person signing)

President
(Title of person signing)