

MEB810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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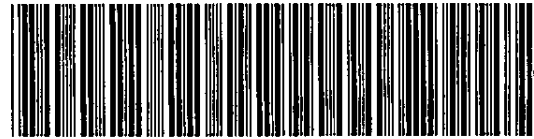
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT -6 AM 9:11

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OCT 10 2017

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fort Pierce Medical Center Condominium Association, Inc.

DOCUMENT NUMBER: N 45690

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

Please return all correspondence concerning this matter to the following:

Sandra Bailey

Name of Contact Person

Fort Pierce Medical Center Condominium Association, Inc.

Firm/ Company

7 Worth Court

Address

Stuart, FL 34996

City/ State and Zip Code

sbailey fpmc @ outlook .com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Bailey

Name of Contact Person

at (772) 486-6025

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|---|

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2017

SANDRA BAILEY
7 WORTH CT
STUART, FL 34996

SUBJECT: FORT PIERCE MEDICAL CENTER CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N45690

We have received your document for FORT PIERCE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(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.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 017A00019409

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FORT PIERCE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC

DOCUMENT NUMBER: N45690

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

Please return all correspondence concerning this matter to the following:

SANDRA BAILEY

(Name of Contact Person)

FORT PIERCE MEDICAL CENTER CONDOMINIUM ASSOCIATION INC.

(Firm/ Company)

7 WORTH COURT

(Address)

STUART, FL 34996

(City/ State and Zip Code)

sbaileyfpmc@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA BAILEY

(Name of Contact Person)

at 772 486 6025

(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)

* Payment
submitted with
previous application
(Ref: Rebecca
White)

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

RECEIVED
7 OCT -6 PM 1:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

17 OCT -6 AM 9:11

FORT PIERCE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

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

N 45690

(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:

_____ 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)

1801 S. 23rd Street

Ft. Pierce, FL 34950

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7 Worth Court

Stuart, FL 34996

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:

SANDRA BAILEY

7 Worth Court, ~~Stuart, FL 34996~~

(Florida street address)

New Registered Office Address:

Stuart

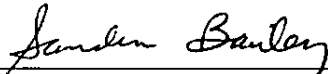
(City)

Florida 34996

(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

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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) <u> </u> Change	<u>PD</u>	<u>EUSEBIO Z. BENEMERITO</u>	<u>7307 ELYSE CIRCLE</u>
<u> </u> Add			<u>PORT ST LUCIE, FL</u>
<u>X</u> Remove			<u>34952</u>
2) <u> </u> Change	<u>PD</u>	<u>SANDRA J. BAILEY</u>	<u>7 WORTH COURT</u>
<u>X</u> Add			<u>STUART, FL 34996</u>
<u> </u> Remove			
3) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			
<u> </u> Remove			
4) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			
<u> </u> Remove			

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

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

N/A

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

Effective date if applicable: 08/01/2017
(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 10/2/2017

Signature Sandra Bailey

(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)

SANDRA BAILEY

(Typed or printed name of person signing)

PRESIDENT & TREASURER, FORT PIERCE MEDICAL CENTER CONDOMINIUM

(Title of person signing)

ASSOCIATION, INC.