N48415

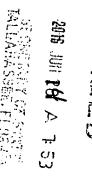
| (Re | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | isiness Entity Nar | me) | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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JUN 2 1 2016 T. LEMMEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

| Tarpon Village Apartments Condominium Assn Inc. AME OF CORPORATION: | | | | | |
|--|--|--|---------------------------------------|--|---|
| DOCUMENT NUMBER: _ | N48415 | | | | |
| The enclosed Articles of Ame | andment and fee are subm | itted for filing. | | | |
| Please return all corresponder | ice concerning this matter | to the following: | | | |
| Maude Chater, Secreta | Ľ, | | | | |
| | (| Name of Contact Perso | n) | | |
| Tarpon Village Apartm | ents Condominium Assa, | Inc | | | |
| | | (Firm/ Company) | | | *************************************** |
| 330 Kon Tiki Drive A | 1-8 | | | | |
| | | (Address) | , , , , , , , , , , , , , , , , , , , | | |
| Naples, FL 34113 | | | | | |
| | { | City/ State and Zip Cod | le) | | |
| tarponvillageboard@gn | nail.com | | | | |
| E- | mail address: (to be used t | or future annual report | notification |) | |
| For further information conce | rning this matter, please c | all: | | | |
| Maude Chater | | SC at |)2 | 223-5111 | |
| (| Name of Contact Person) | | rea Code) | (Daytime Telep) | hone Number) |
| Enclosed is a check for the fo | llowing amount made pay | able to the Florida Dep | artment of S | State: | |
| S35 Filing Fee | ☐\$43.75 Filing Fee & C Certificate of Status | 343.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) | |
| Mailing A | ddress | Stree | Address | | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| Tarpon Village Apartments Condominium Assn. | Inc. | | |
|---|----------------|--|---|
| (Name of Corporation a | s curren | tly filed with the Florid | a Dept. of State) |
| N48415 | | | |
| (Docume | nt Numb | er of Corporation (if kno | wn) |
| Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation: | la Statute | s, this <i>Florida Not For I</i> | Profit Corporation adopts the following |
| A. If amending name, enter the new name of the c | orporati | ion: | |
| name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name. | corpora | tion" or "incorporated" | The new or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable | | NA | |
| (Principal office address MUST BE A STREET AD. | <u>DRESS</u>) | | |
| | | ************************************** | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>2X</u>) | NA | |
| | | | |
| | | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered. | ered office a | ce address in Florida. e. | nter the name of the |
| Name of New Registered Agent: | NA | auress. | |
| | | | |
| New Registered Office Address: | | (Flor | ida street address) |
| | NA | | , Florida |
| | | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent. | | | ne obligations of the position. |
| | S | ignature of New Register | red Agent, if changing |
| | | | ज् ^न |

Page 1 of 4



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 | <u>V</u> <u>Mik</u> | n Doc te Jones y Smith | |
|----------------------------------|---------------------|------------------------------|--|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | DP | Susan Koroliszyn | 330 Kon Tiki Drive G-8 |
| Add | | | Naples, FL 34113 |
| X Remove | | | |
| 2) Change | DS | Ron Pagels | 330 Kon Tiki Drive F-8 |
| Add | | | Naples, FL 34113 |
| X Remove | | | |
| 3)Change | DAsstT | Walter E. Brady | 330 Kon Tiki Drive C-1 |
| Add | | | Naples, FL 34113 |
| X Remove | | | ************************************** |
| 4) Change | D | Joseph Struhar | 330 Kon Tiki Drive G-4 |
| Add | | | Naples, FL 34113 |
| X Remove | | | |
| 5) Change | DP | Ron Bittner | 330 Kon Tiki Drive G-3 |
| X Add | | | 330 Kon Tiki Drive 34113 |
| Remove | | | |
| 6) Change | DS | Maude Chater | 330 Kon Tiki Drive G-7 |
| X Add | | | Naples, FL 34113 |
| Remove | | | |

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 now 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 | <u>V</u> <u>Mik</u> | n Doe te Jones ly Smith | |
|----------------------------------|---------------------|-------------------------------|------------------------|
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | D | Brian Cosgrove | 330 Kon Tiki Drive F-4 |
| X Add | | | Naples, FL 34113 |
| Remove | | | |
| 2) Change | D | Howard Sloan | 330 Kon Tiki Drive A-7 |
| X Add | | | Naples, FL 34113 |
| Remove | | | |
| 3) Change | D | Deb Buckman | 330 Kon Tiki Drive A-I |
| X Add | | | Naples, FL 34113 |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | |
|---|--|-------------|---|--|
| NA | | | | |
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| NA NA | |
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| The date of each amendment(s) adoption: | , if other than the |
| date this document was signed. | |
| NA NA | |
| Effective date if applicable: | ** F . S |
| (no more than 90 days after amendment f | ile date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records. | equirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the members and the number of votes of was/were sufficient for approval. | east for the amendment(s) |
| There are no members or members entitled to vote on the amendment(s). The a adopted by the board of directors. | mendment(s) was/were |
| Dated 6-11-14 | |
| Signature Zo | |
| (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) | |
| Ronny Bittner | |
| (Typed or printed name of person | a signing) |
| President | |
| (Title of person signi | (80 |