

N93000001282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

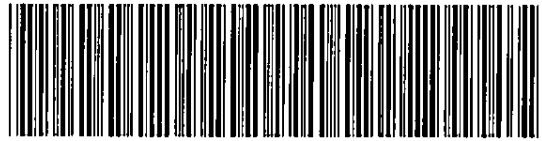
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

List the type  
of action

Office Use Only

OCT 1  
2024



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TALLAHASSEE, FL

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Me



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2024

GEORGE GRIZZARD  
PO BOX 847  
NEW SMYRNA BEACH, FL 32168

SUBJECT: BOUCHELLE ISLAND X CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N93000001282

We have received your document for BOUCHELLE ISLAND X CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction:

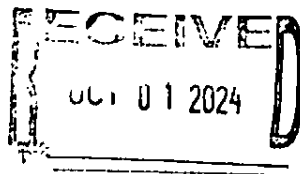
Please list the type action you are taking with EACH member.

Please return your document, along with a copy of this letter, within 60 days; your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 524A00016739



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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BOUCHELLE ISLAND X CONDOMINIUM  
ASSOCIATION, INC  
DOCUMENT NUMBER: N93000001202

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

Please return all correspondence concerning this matter to the following:

GRIZZARD, GEORGE  
Name of Contact Person

BOUCHELLE ISLAND X CONDOMINIUM ASSOCIATION, INC  
Firm/ Company

P.O. Box 847  
Address

NEW SMYRNA BEACH, FLORIDA, 3216  
City/ State and Zip Code

GGRIZZARD@CFL.RR.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

GEORGE GRIZZARD at ( 386 ) 847-4038  
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)

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

Articles of Amendment  
to  
Articles of Incorporation

Bouchole Island X Condominium Assoc., INC

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

N93000001282 / Letter No. 524400016739

(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)

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 street address)

(City)

Florida

(Zip Code)

PRESIDENT

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] PRESIDENT

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>

Type of Action (Check One)	Title	Name	Address
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1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>SECRETARY</u>	<u>CECILIA LEUSCHER</u>	<u>c/o So. ATL COMMUNITIES</u> <u>812 N. DIXIE FREEWAY</u> <u>NEW SMYRNA Bch, FL</u> <u>32168</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DIRECTOR</u>	<u>William Roberts</u>	<u>c/o So. ATL COMMUNITIES</u> <u>812 N. DIXIE FREEWAY</u> <u>NEW SMYRNA Bch, FL</u> <u>32168</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TREASURER</u>	<u>Gordon Wilber</u>	<u>406 Bouchelle DR</u> <u>UNIT 201</u> <u>NSB, FL 32169</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>President</u>	<u>George Grizzard</u>	<u>406 Bouchelle DR</u> <u>UNIT 101</u> <u>NSB, FLA 32169</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP/sec</u>	<u>FRED Metzler</u>	<u>406 Bouchelle DR</u> <u>UNIT 102</u> <u>NSB, FL 32169</u>

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

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

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The date of each amendment(s) adoption: June 1, 2024, if other than the date this document was signed.

Effective date if applicable: N/A  
(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 -June 10, 2024

Signature  , President

(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)

George G. Lizzaval  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

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