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| (City/State/Zip/Phone #)                |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| THE GOLFVI<br>NAME OF CORPORATION:                                       | IEW AT SUMMERWIN   | D CONDON   | IINIUM ASSOCIATIO   | ON, INC.     |
|--|--|--|---|--------------|
| DOCUMENT NUMBER: N94000004073  |  |  |   |              |
| The enclosed Articles of Amendment and fee a                             | re submitted for filing.   |  |   |              |
| Please return all correspondence concerning this                         | s matter to the following:   |  |   |              |
| Sherry Nassoiy   |  |  |   |              |
|  | (Name of Contact   | Person)  | · <del></del>   |              |
| CornerStone Association Management, Inc.                                 |  |  |   |              |
|  | (Firm/ Comp  | any)   |   |              |
| 11934 Fairway Lakes Drive, Suite I                                       |  |  |   |              |
|  | (Address   | )  |   |              |
| Fort Myers, FL 33913   |  |  |   |              |
|  | (City/ State and Z   | ip Code)   |   | <del></del>  |
| email@eshoamanagement.com  |  |  |   |              |
| E-mail address: (to b  | oe used for future annual  | report notific   | cation)   |              |
| For further information concerning this matter,                          | please call:   |  |   |              |
| Sherry Nassoiy   |  | 239<br>at  | 489-2696  |              |
| (Name of Contact   | Person)  | (Area Co   | de) (Daytime Teleph   | none Number) |
| Enclosed is a check for the following amount m                           | nade payable to the Florid   | la Departmer   | nt of State:  |              |
| ■ \$35 Filing Fee □\$43.75 Filing Certificate of \$                      | Fee & S43.75 Filing F Status Certified Copy (Additional copenclosed) | oy is C  | 522.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>Additional Copy is<br>Enclosed) |              |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 |  | Street Addr<br>Amendment<br>Division of C<br>Clifton Build | Section<br>Corporations   |              |

2661 Executive Center Circle Tallahassee, FL 32301



JAN 22 2018
BY:

## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2018

SHERRY NASSOIY 11934 FAIRWAY LAKES DRIVE SUITE 1 FORT MYERS, FL 33913

SUBJECT: THE GOLFVIEW AT SUMMERWIND CONDOMINIUM

ASSOCIATION, INC.

Ref. Number: N94000004073

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):

You failed to make the correction(s) requested in our previous letter.

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

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.

Claretha Golden Regulatory Specialist II

Letter Number: 718A00000424

WIZE PH 1: LS



December 13, 2017

SHERRY NASSOIY 11934 FAIRWAY LAKES DRIVE SUITE 1 FORT MYERS, FL 33913

SUBJECT: THE GOLFVIEW AT SUMMERWIND CONDOMINIUM

ASSOCIATION, INC.

Ref. Number: N94000004073

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 date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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

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.

Claretha Golden Regulatory Specialist II

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Letter Number: 517A00025225

## Articles of Amendment to Articles of Incorporation of

FILED

2018 JAN 26 PM 2: 50

## THE GOLFVIEW AT SUMMERWIND CONDOMINIUM ASSOCIATION, INC.

| ntly filed with the Florida                  | Dept. of State)  |
|--|--|
|  |  |
| ber of Corporation (if knows                 | n)   |
| es, this Florida Not For Pro                 | ofit Corporation adopts the following  |
| tion:  |  |
|  | The new  |
| ation" or "incorporated" or                  | r the abbreviation "Corp." or "Inc."   |
| N/A  |  |
| ()   |  |
|  |  |
| <del> </del>                                 |  |
| N/A  |  |
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| ice address in Florida, ente                 | er the name of the   |
| additss.                                     |  |
| · · · · · · · · · · · · · · · · · · ·        |  |
| (Floride                                     | ı ştreet address)  |
| (* 10) 311                                   | ,  |
|  | Florida  |
|  |  |
| (City)                                       | , Florida<br>(Zip Code)  |
| (City)  d Agent: amiliar with and accept the | ·  |
| d Agent:                                     | ·  |
|  | ber of Corporation (if knowness, this Florida Not For Prition:  ation:  N/A  N/A  N/A  ice address in Florida, entaddress: |

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:

 $P = President; V = Vice President; T \neq Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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<br>e Jones<br>v Smith |                               |
|----------------------------------|---------------------|-----------------------------|-------------------------------|
| Type of Action<br>(Check One)    | <u>Title</u>        | <u>Name</u>                 | <u>Addres</u> s               |
| 1) Change                        | TS                  | Perry Daniels               | 12030 Summergate Circle, #101 |
| Add                              |                     |                             | Fort Myers, FL 33913          |
| X Remove                         |                     |                             |                               |
| 2) Change                        | TS                  | Ken Palmer                  | 12050 Summergate Circle, #104 |
| X Add                            |                     |                             | Fort Myers, FL 33913          |
| Remove                           |                     |                             |                               |
| 3)Change                         |                     |                             |                               |
| Add                              |                     |                             |                               |
| Remove                           |                     |                             |                               |
| 4) Change                        |                     |                             |                               |
| Add                              |                     |                             |                               |
| Remove                           |                     |                             |                               |
| 51 Change                        |                     |                             |                               |
| Add                              |                     |                             |                               |
| Remove                           |                     |                             |                               |
| 6) Change                        |                     |                             |                               |
| Add                              |                     |                             |                               |
| Remove                           |                     |                             |                               |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |   |
|---|---|
| , (under diamental success, if necessary). (the specific)   |   |
| N/A   |   |
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|   | on: <u>August 29, 2017</u>   | if other than the |
|---|--|-------------------|
| The date of each amendment(s) adoptic date this document was signed.                  | on:  |                   |
| Effective date if applicable:   | (no more than 90 days after amendment file date)   |                   |
| Note: If the date inserted in this block document's effective date on the Department. | oes not meet the applicable statutory filing requirements, this date will not<br>nent of State's records   | be listed as the  |
| Adoption of Amendment(s)  | (CHECK ONE)  |                   |
| The amendment(s) was/were adopte was/were sufficient for approval                     | ed by the members and the name of the control of th |                   |
| adopted by the board of directors   | entitled to vote on the amendment so the anenament so the large  |                   |
| Dated 1/22  | 12018  |                   |
| Signature www.  | 12018  I Rome I have a subject of directors  | <del></del>       |
| have not been s   | or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)  |                   |
| DAV.  | (Typed or printed name of person signing)  |                   |
|   | President  |                   |
|   | (Title of person signing)  |                   |