N95000004051

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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R. WHITE AUG 1 6 2019



July 15, 2019

STEPHANIE RESAVY 790 PARK OF COMMERCE BLVD STE 200 BOCA RATON, FL 33487

SUBJECT: CASA GRANDE PROPERTY OWNERS ASSOCIATION, INC.

Ref. Number: N95000004051

We have received your document for CASA GRANDE PROPERTY OWNERS ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(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).

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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 Supervisor

> 009 1UG 1G PM 125 4G 近天5

Letter Number: 319A00014297

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION:Casa (| Mande Property Owners Association, |
|--|--|
| DOCUMENT NUMBER: N9500004 | 1051 |
| The enclosed Articles of Amendment and fee are subr | nitted for filing. |
| Please return all correspondence concerning this matte | er to the following: |
| Stephanie 1 | (Name of Contact Person) |
| Larg Maragen | (Firm/ Company) |
| 790 Park of | Commerce Blud, STE 200 (Address) |
| Boca Rator F | City/ State and Zip Code) |
| Stephanier | @ larymanagement. Com |
| For further information concerning this matter, please | call: |
| Stephenie RES | at $\frac{561 - 750 - 8800 \times 149}{\text{(Area Code)}}$ |
| Enclosed is a check for the following amount made pa | ayable to the Florida Department of State: |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status | □S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 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

Articles of Amendment to Articles of Incorporation

of

| (Name of Corporation as | currently filed with the Flor | ida Dept. of State) |
|---|-------------------------------|--|
| N9500004051 | | |
| (Document | Number of Corporation (if kr | nown) |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this Florida Not Fo | r Profit Corporation adopts the following |
| A. If amending name, enter the new name of the con | rporation: | |
| name must be distinguishable and contain the word "co" "Company" or "Co." may not be used in the name. | orporation" or "incorporated | The new "Or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD) | | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u> | <u> </u> | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of | | enter the name of the |
| Name of New Registered Agent: | • | |
| New Registered Office Address: | (Fl | orida street address) |
| | | ,, Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent. | | the obligations of the position. |
| | Signature of New Regist | ered 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.

| mine mones, r as nem | ore, and Jany in | mm, or us un Aud. | |
|----------------------------------|--------------------|---------------------------------|---|
| Example: X Change X Remove X Add | <u>V</u> <u>Mi</u> | nn Doe ke Jones Ily Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) X Change | <u>D</u> | morris Cohen | 6639 Casa Grando Wa |
| Add | | | Delray Beach FL |
| Remove | | | 33448 |
| 2) Change | | | |
| Add | | | |
| Remove | | | *** |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | *************************************** |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

2019 FLORIDA NOT SOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004051

Entity Name: CASA GRANDE PROPERTY OWNERS ASSOCIATION, INC.

FILED Apr 27, 2019 Secretary of State 8691985695CC

Current Principal Place of Business:

790 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487

Current Mailing Address:

790 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US

FEI Number: 65-0645994

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CARROLL, KEVIN M 790 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda.

SIGNATURE: KEVIN CARROLL

04/27/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

VΡ

Name

KLIEN, ROBERT

Address

6712 CASA GRANDE WAY

City-State-Zip:

DELRAY BEACH FL 33446

Title

TREASURER

Name

ROSENTHAL, LAWRENCE

Address

6699 CASA GRANDE WAY

City-State-Zip:

DELRAY BEACH FL 33446

Title

SECRETARY

Name

STERNBERG, MERVYN

Address

6766 CASA GRANDE WAY

City-State-Zip: DELRAY BEACH FL 33446

Title

PRESIDENT

Name

LITVAK, MARILYN

Address

6706 CASA GRANDE WAY

City-State-Zip:

DELRAY BEACH FL 33446

Title

DIRECTOR

Name

COHEN, MAURICE

Address

6639 CASA GRANDE WAY

City-State-Zip:

DELRAY BEACH FL 33446

SIB Cohen Morris

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE ROSENTHAL

TREASURER

04/27/2019

Electronic Signature of Signing Officer/Director Detail

Date

| E. | If amending or adding additional Articletach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) | | | |
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| The date of each amendment(s) adoption: | 04.03.2019. | if other than the |
|---|---|-------------------------|
| date this document was signed. | | |
| Effective date if applicable: | d co l communication (Claritation) | |
| · | re than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not medocument's effective date on the Department of St | neet the applicable statutory filing requirements, this date wittate's records. | ll not be listed as the |
| Adoption of Amendment(s) (CHE | CK ONE) | |
| ☐ The amendment(s) was/were adopted by the was/were sufficient for approval. | members and the number of votes cast for the amendment(s |) |
| There are no members or members entitled to adopted by the board of directors. | o vote on the amendment(s). The amendment(s) was/were | |
| Dated | 19 | |
| Signature | Etal. | |
| | chairman of the board, president or other officer-if directors y an incorporator – if in the hands of a receiver, trustee, or uciary by that fiduciary) | |
| Marilyn | Citvak (Typed or printed name of person signing) | |
| | | |
| Presiden- | Casa Grande P.OA. (Title of person signing) | |
| | (Title of person signing) | |