

N960000002705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

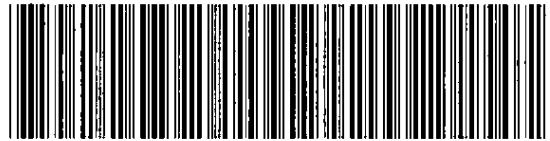
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2023

ALBERT LEAVITT
944 SW BAYSHORE BLVD
PORT ST LUCIE, FL 34983

SUBJECT: TROPICAL SHOPPES OF BAYSHORE CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N96000002705

We have received your document for TROPICAL SHOPPES OF BAYSHORE 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(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Not for Profit Corporation. Please complete and return the enclosed blank form(s).

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.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 923A00021169

6-1-13-2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TROPICAL SHOPPES OF BAYSHORE CONDOMINIUM ASSOCIATION INC

DOCUMENT NUMBER: N96000002705

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

Please return all correspondence concerning this filing:

ALBERT LEAVITT

(Name of Contact Person)

TROPICAL SHOPPES OF BAYS

NDOMINIUM ASSOCIATION INC

(Firm/ Company)

944 SW BAYSHORE BLVD

(Address)

PORT ST LUCIE FL 34983

(City/ State and Zip Code)

TROPICALSHOPPESBAYSHORE@GMAIL.COM

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

For further information concerning this matter, please call:

ALBERT LEAVITT

at 954 529-1408

(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:

- | | | | |
|---|--|---|--|
| <input checked="" 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 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

TROPICAL SHOPPES OF BAYSHORE CONDOMINIUM ASSOCIATION INC

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

N96000002705

(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**)

944 SW BAYSHORE BLVD

PORT ST LUCIE FL 34983

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

944 SW BAYSHORE BLVD

PORT ST LUCIE FL 34983

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:

ALBERT LEAVITT

944 SW BAYSHORE BLVD

(Florida street address)

New Registered Office Address:

PORT ST LUCIE

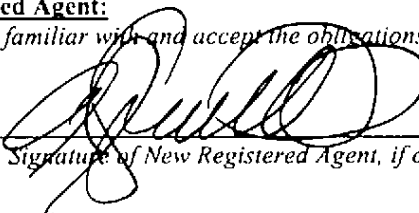
(City)

Florida 34983

(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:

<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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ST</u>	<u>DAVE MATHURA</u>	<u>C/O WATSON MANAGEMENT</u> <u>430 NW LAKE WHITNEY PL</u> <u>PORT ST LUCIE FL 34986</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>JOHN JARVIS</u>	<u>C/O WATSON MANAGEMENT</u> <u>430 NW LAKE WHITNEY PL</u> <u>PORT ST LUCIE FL 34986</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>ALBERT LEAVITT</u>	<u>944 SW BAYSHORE BLVD</u> <u>PORT ST LUCIE FL 34983</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ST</u>	<u>JOSEPH EDGE</u>	<u>932 SW BAYSHORE BLVD</u> <u>PORT ST LUCIE FL 34983</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>JEFFREY FOX</u>	<u>944 SW BAYSHORE BLVD</u> <u>PORT ST LUCIE FL 34983</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>

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

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

100

Effective date if applicable: AUGUST 8 2023
(no more than 90 days after amendment file date)

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 AUGUST 8 2023

Signature

(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)

ALBERT LEAVITT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

09/06/13 11:37