

N960000006241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

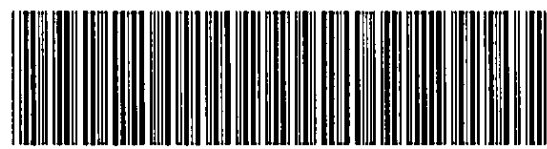
(Business Entity Name)

(Document Number)

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19 JAN 28 PM 4:08
TALLAHASSEE, FLORIDA

JAN 29 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2019

MARK RUSZCZYK
OCEAN CLUB COMMUNITY ASSOCIATION, INC
795 CRANDON BLVD
KEY BISCAYNE, FL 33149

SUBJECT: OCEAN CLUB COMMUNITY ASSOCIATION, INC.
Ref. Number: N96000006241

We have received your document for OCEAN CLUB COMMUNITY 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):

CANNOT USE PROFIT BENEFIT FORM

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 019A00000746

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2019 JAN 28 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OCEAN CLUB COMMUNITY ASSOCIATION, INC.

DOCUMENT NUMBER: N 96000006241

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

Please return all correspondence concerning this matter to the following:

MARK RUSZCZYK

(Name of Contact Person)

OCEAN CLUB COMMUNITY ASSOCIATION, INC.

(Firm/ Company)

795 CRANDON BLVD.

(Address)

KEY BISCAYNE, FL 33149

(City/ State and Zip Code)

MRUSZCZYK@OCEANCLUBKEYBISCAYNE.ORG

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

For further information concerning this matter, please call:

IRIS DELANEY

(Name of Contact Person)

at 305-361-1101

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

OCEAN CLUB COMMUNITY ASSOCIATION, INC.

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

N 9600000 6241

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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) <u> </u> Change	<u>S</u>	<u>JOSE PEPE CANCIO</u>	<u>OCEAN TOWER ONE, UNIT 307</u>
<u> </u> Add			<u>799 CRANDON BLVD.</u>
<u>X</u> Remove			<u>KEY BISCAYNE, FL 33149</u>
2) <u>X</u> Change	<u>S</u>	<u>RENE SAGEBIEN</u>	<u>CLUB TOWER ONE, UNIT 1101</u>
<u> </u> Add			<u>789 CRANDON BLVD.</u>
<u> </u> Remove			<u>KEY BISCAYNE, FL 33149</u>
3) <u> </u> Change	<u>D</u>	<u>KARINA BOMRAD</u>	<u>CLUB TOWER ONE, UNIT 904</u>
<u>X</u> Add			<u>789 CRANDON BLVD.</u>
<u> </u> Remove			<u>KEY BISCAYNE, FL 33149</u>
4) <u> </u> Change	<u>D</u>	<u>MATTHEW MINTZIS</u>	<u>OCEAN TOWER TWO, UNIT 507</u>
<u> </u> Add			<u>791 CRANDON BLVD.</u>
<u>X</u> Remove			<u>KEY BISCAYNE, FL 33149</u>
5) <u> </u> Change	<u>D</u>	<u>MEDWIN MINTZIS</u>	<u>OCEAN TOWER TWO, UNIT 507</u>
<u>X</u> Add			<u>791 CRANDON BLVD.</u>
<u> </u> Remove			<u>KEY BISCAYNE, FL 33149</u>
6) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>

F. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

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

Effective date if applicable: IMMEDIATELY
(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 1/22/2019

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)

MIGUEL ANGEL LOPEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)