

✓ This Instrument Prepared By:  
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1801 Australian Ave. S.  
Suite 101  
West Palm Beach, FL 33409

Jul-30-1999 04:23pm 99-312699  
DRB 1 1266 Pg 695  
DOROTHY H. WILKEN, CLERK PB COUNTY, FL  
1999-07-30 04:23:00 99-312699

## AMENDMENT TO THE DECLARATION OF CONDOMINIUM AND BY-LAWS OF PLYMOUTH IV CONDOMINIUM

As Recorded in Official Records Book 1958, Page 253,  
Public Records of Palm Beach County, Florida.

*As used herein (unless substantially reworded) the following shall apply:*

- A. Words in the text which are ~~lined through~~ with hyphens indicate deletions from the present text.
- B. Words in the text which are underlined indicate additions to the present text.
- C. Whenever an ellipsis ( . . . ) appears in the text this indicates that this portion of the present text remains intact to the point where the next typewritten material appears.

We hereby certify that the 1999 UCO Model Documents, Master Amendment recorded in Official Record Book 11019, Page 728, Public Records of Palm Beach County, Florida, which adopts the Master Declaration and By-Laws as recorded in Official Record Book 11019, Page 755, Public Records of Palm Beach County, Florida, were approved by in excess of 75% vote of the Membership at a duly called meeting on APRIL 11, 1999, 1999, to include the following ~~inserts~~ to the Master Amendment and Declaration:

1. The Association: (choose one)  shall  shall not be incorporated.
2. There is no "Pool Area" as described in Articles XIV and XIX of the Master Declaration.
3. Laundry facilities and equipment shall be permitted in units.

Plymouth No. 4 Condominium Association, Inc.

By: Davidine Cohen  
President  
Attest: Lee  
Secretary

STATE OF FLORIDA )  
COUNTY OF PALM BEACH )

The foregoing instrument was acknowledged before me this 23 day of July, 1999, by DAVIDINE COHEN, President, and IRVING BAZER, Secretary. Both are personally known to me and [ ] did or [ ] did not take an oath. The President (please check one of the following) [ ] is personally known to me or [ ] has produced \_\_\_\_\_ (type of identification) as identification and (please check one of the following) [ ] did or [ ] did not take an oath; the Secretary (please check one of the following) [ ] is personally known to me or [ ] has produced \_\_\_\_\_ (type of identification) as identification and (please check one of the following) [ ] did or [ ] did not take an oath.

Robert Fogelman  
Notary Public

ROBERT Fogelman  
Printed Notary Name

My Commission Expires: 7-22-01

