

722115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

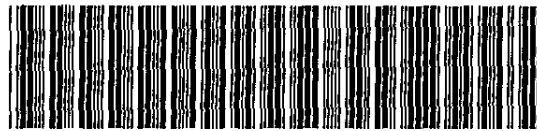
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY - 8 PM 1:39

Rs sf9/06
Ame no



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2006

TRIANON CONDOMINIUM APARTMENTS ASSOCIATION, INC.
ATTN: CAROLE HOGAN
1200 S FLAGLER DR
WEST PALM BEACH, FL 33401

SUBJECT: TRIANON CONDOMINIUM APARTMENTS ASSOCIATION, INC.
Ref. Number: 722115

We have received your document for TRIANON CONDOMINIUM APARTMENTS 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):

Your document is being returned as I have to date not received the amendment form per our last conversation. A form has been enclosed 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) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 906A00028687

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRIANON CONDOMINIUM APT. ASSOC., INC.

DOCUMENT NUMBER: 722115

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

Please return all correspondence concerning this matter to the following:

CAROLE HOGAN, PRESIDENT
(Name of Contact Person)

TRIANON CONDOMINIUM APT. ASSOC., INC.
(Firm/ Company)

1200 S. FLAGLER DR.
(Address)

WEST PALM BEACH, FL. 33401
(City/ State and Zip Code)

For further information concerning this matter, please call:

BETTY MATTER at (561) 832-5666
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

ALREADY ON FILE

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

06 MAY - 8 AM 8:00

RECEIVED

Articles of Amendment
to
Articles of Incorporation
of

TRIANGON CONDOMINIUM APARTMENTS ASSOCIATION, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

722115

(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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language: "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

<u>SCOTT WILLIAMS</u>	<u>SECRETARY</u>	<u>DELETE</u>
<u>RICHARD GILLETTE</u>	<u>SECRETARY</u>	<u>CHANGE</u>

FILED STATE
SECRETARY OF CORPORATIONS
06 MAY -8 PM 1:39
DIVISION OF CORPORATIONS

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: 4-7-06

Effective date if applicable: _____
(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 was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature x Carole Hogan
(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.)

CAROLE HOGAN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35