

725881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

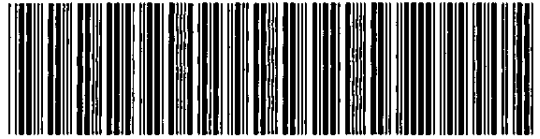
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



000159100450

10/28/09--01013--001 **43.75

2009 OCT 26 P 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*Amend
Tewis
10-28-09*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Pine Island Ridge Condominium F Ass. Inc.

DOCUMENT NUMBER: 725881

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

Please return all correspondence concerning this matter to the following:

John Back
(Name of Contact Person)

Pine Island Ridge Condo F Ass. Inc.
(Firm/Company)

9420 Live Oak Place
(Address)

Davie, Fla 33324
(City/ State and Zip Code)

Live oak condo @ Comcast.net
E-mail address: (to be used for future annual report notification)

RECEIVED
2009 SEP 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JoAnn Fogarty at (954) 472 5939
(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:

- \$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)

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

RECEIVED
2009 SEP 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2009

JOHN BACK
PINE ISLAND RIDGE CONDOMINIUM F ASSOC.
9420 LIVE OAK PLACE
DAVIE, FL 33324

SUBJECT: PINE ISLAND RIDGE CONDOMINIUM F ASSOCIATION, INC.
Ref. Number: 725881

We have received your document for PINE ISLAND RIDGE CONDOMINIUM F ASSOCIATION, INC. and check(s) totaling \$43.75. However, your check(s) and document are being returned for the following:

If there are MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are NO MEMBERS OR MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

Please note the money amounts differ on the check. The amount wrote in is for forty seven dollars instead of forty three dollars. Please send a corrected check for the proper amount.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 709A00031158

2009 SEPT 26 AM 8:06
CLERK OF STATE
TALLHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Pine Island Ridge Condominium F Association, Inc.

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

725881

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

John Back

New Registered Office Address:

9420 Live oak Pl.

(Florida street address)

Davie, FL

(City)

Florida

33324

(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.

X John Back
Signature of New Registered Agent, if changing

FILED
2009 OCT 26 P 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PHASE F CONDOMINIUM ASSOCIATIONS, INC.
9420 LIVE OAK PLACE
DAVIE, FL 33324
PHONE 954-472-5939
FAX 954-472-5913
liveoakcondo@comcast.net

AUGUST 31, 2009

JOHN BACK 9420 LIVE OAK PLACE #103 DAVIE, FLORIDA 33324	PRESIDENT	ADD/CHANGE
JEFFERY COLLINS 9450 LIVE OAK PLACE #104 DAVIE, FLORIDA 33324	VICE PRESIDENT	ADD
PAULA CLANCY 9931 WINDING RIDGE LANE DAVIE, FLORIDA 33324	TREASURER	ADD
WENDY VOSS 9430 LIVE OAK PLACE #201 DAVIE, FLORIDA 33324	SECRETARY	ADD
JOANN FOGARTY 9400 LIVE OAK PLACE #105 DAVIE, FLORIDA 33324	DIRECTOR	ADD/CHANGE
DENISE REGAN 9400 LIVE OAK PLACE #203 DAVIE, FLORIDA 33324	DIRECTOR	ADD/CHANGE
LISA JORASKIE 9410 LIVE OAK PLACE #205 DAVIE, FLORIDA 33324	DIRECTOR	ADD/CHANGE
MARSHA STRONKO		DELETE
DELORES MARTIN		DELETE
SEAN MCCLOSKEY		DELETE

The date of each amendment(s) adoption: 9-3-09
(date of adoption is required)

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(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 9/18/09

Signature [Signature] President

(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)

John Back John Back
(Typed or printed name of person signing)

President
(Title of person signing)