

765655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

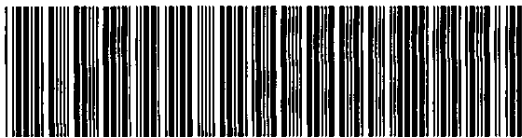
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500183086065

08/02/10--01013--006 **35.00

2010 AUG 16 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Boyer
8-19-10

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Ocean Cove Homeowner's Association, Inc.

DOCUMENT NUMBER: 765655

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

Please return all correspondence concerning this matter to the following:

Elizabeth Lynch
(Name of Contact Person)

(Firm/ Company)

150 Ocean Cove Drive
(Address)

Jupiter, FL 33477
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Elizabeth Lynch at (561) 746-1159
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2010 AUG 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 4, 2010

ELIZABETH LYNCH
150 OCEAN COVE DRIVE
JUPITER, FL 33477

SUBJECT: OCEAN COVE HOME OWNERS' ASSOCIATION, INC.
Ref. Number: 765655

We have received your document for OCEAN COVE HOME OWNERS' ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 910A00018716

Articles of Amendment
to
Articles of Incorporation
of

FILED
2010 AUG 16 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ocean Cove Homeowner's Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

765055

(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: Elizabeth Lynch

New Registered Office Address: 150 Ocean Cove Drive
(Florida street address)

Jupiter, Florida 33477
(City) (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.

Elizabeth G. Lynch
Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: ... 8.10
(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 8-10

Signature Joan Rossiter
(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)

Joan Rossiter
(Typed or printed name of person signing)

Secretary
(Title of person signing)