770843

| Requestor's Name P. O. BOX 14019 Address Tallahassee, FL 32317 City/State/Zip Phone # | | | Office Use Only | | |
|---|--|---|------------------|-----------------|--|
| CORPORATION | N NAME(S) & DOCUME | NT NUMBER(S), (if | known): | | |
| 1(Co | rporation Name) | (Document #) | | | |
| 2. | poration (value) | (Document #) | | | |
| | rporation Name) | (Document #) | | 2.21 | |
| 3. | poration Name) | <u>aan san san san san san san san san san </u> | and the second | | |
| | poration Name) | (Document #) | | | |
| 4(Cor | poration Name) | (Document #) | <u> </u> | | |
| | | | | | |
| Walk in | Pick up time | Certi | fied Copy | | |
| Mail out | Will wait Pho | tocopy | ficate of Status | 0 2 | |
| NEW FILINGS | AMENDMENTS | | | SECRE VISION | |
| Profit | Amendment | | | R -5 | |
| NonProfit | Resignation of R.A., Of | ficer/ Director | | RY OF | |
| Limited Liability | Change of Registered A | · · · · · · · · · · · · · · · · · · · | • | F STA | |
| Domestication | Dissolution/Withdrawal | | | € \$ = 1 | |
| Other | Merger | | | ဘ | |
| | - The state of the | | 0003798 | 9513 | |
| OTHER FILINGS | REGISTRATIC | N/ | -03/06/010 | 1004009 | |
| Annual Report | QUALIFICATION | JN X | *****61.25 | *****35.08 | |
| Fictitious Name | Foreign | | | | |
| Name Reservation | Limited Partnership Reinstatement | | | | |
| | Trademark | | | | |
| | Other | | 3-6-2 | 201 | |
| | | — ha | 3-6-2e ne Cha | 1~eLO . | |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 23, 2001

INDIAN OAKS HOMEOWNERS ASSOCIATION, INC. Post Office Box 14019
Tallahassee, FL 32317

SUBJECT: INDIAN OAKS HOMEOWNERS ASSOCIATION, INC.

Ref. Number: 770843

We have received your document for INDIAN OAKS HOMEOWNERS ASSOCIATION, INC. and check(s) totaling \$822.50. However, your check(s) and document are being returned for the following:

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

The total amount due to reinstate is \$848.75.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson Corporate Specialist Supervisor

Letter Number: 901A00003662

ARTICLES OF AMENDMENT

to

FILED
SECRETARY OF STATE
DIVISION OF COMPORATIONS

01 MAR -5 PM 2: 46

ARTICLES OF INCORPORATION

of

| Indian Oaks Homeowners Association, Inc. |
|---|
| Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation. |
| FIRST: Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.) Article I, NAME, The name of the Corporation is Indian Oaks Homeowners Association of Tallahassee, Inc. herein after Called the "Association." |
| SECOND: The date of adoption of the amendment(s) was: Nov. 5, 2000 THIRD: Adoption of Amendment (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. |
| 1-)- Zill- |
| Signature of Chairman, Vice Chairman, President or other officer Gino Luziatti |
| Typed or printed name Presiden + 1/-22-00 |
| Title Date |