

N97000005611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

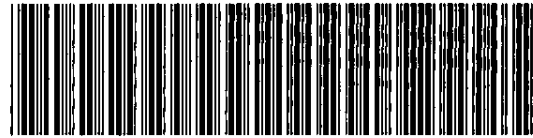
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/17/10--01009--015 \*\*35.00

FILED  
11 FEB -3 PM 3:27  
SECRETARY OF STATE  
ATTORNEY GENERAL

*Amend.*

*2/3/11*

*Dc*



*called  
1/28/11 ✓*

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2010

NORTHBORO PARK HISTORIC NEIGHBORHOOD ASSOCIATION, INC.  
P. O. BOX 8377  
WEST PALM BEACH, FL 33407

SUBJECT: NORTHBORO PARK HISTORIC NEIGHBORHOOD ASSOCIATION, INC.  
Ref. Number: N97000005611

We have received your document 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):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

We are enclosing the proper form(s) with instructions 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) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 910A00027370

RECEIVED  
11 FEB -3 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Northboro Park Historic Neighborhood Association  
INC.

DOCUMENT NUMBER: N97000005611

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

Please return all correspondence concerning this matter to the following:

LARA COATES  
(Name of Contact Person)

Treasurer  
(Firm/ Company)

524 37<sup>th</sup> Street  
(Address)

W. Palm Beach, FL. 33407  
(City/ State and Zip Code)

LC377300@Comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARA COATES at ( 561 ) 502-0348  
(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)

Already paid.  
(see letter)

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

Northboro Park Historic Neighborhood Association, Inc.

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

N97000005611

(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:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(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.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

FILED  
11 FEB -3 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

ADD

Treasurer

LARA COATES

524 37<sup>th</sup> St.

**Type of Action**

☒ Add  
☐ Remove

Delete

Treasurer

David Layless

☐ Add  
☒ Remove

W. Palm Bch, FL 33407

- ☐ Add
- ☐ Remove

(attach additional sheets, if necessary). (Be specific)

Page 2 of 3

The date of each amendment(s) adoption: 11/11/10

(date of adoption is required)

Effective date if applicable: 1/1/11

(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 1/28/11

Signature [Signature]

(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)

Jared Kneiss

(Typed or printed name of person signing)

President

(Title of person signing)