

712277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

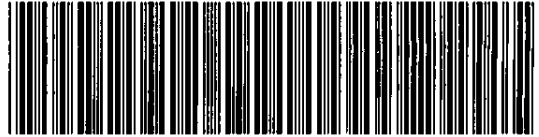
(Document Number)

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

Special Instructions to Filing Officer:

Corrects document  
by telephone call  
on 12/21/09

Office Use Only



200163406612

12/09/09--01017--007 \*\*35.00

AC

FILED  
09 DEC 21 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts DEC 21 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2009

RITA A. COLLINS  
2803 12TH ST W  
PALMETTO, FL 34221

SUBJECT: TROPIC ISLE PROPERTY OWNERS ASSOCIATION, INC.  
Ref. Number: 712277

We have received your document for TROPIC ISLE PROPERTY OWNERS 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):

Pages 2 and 3 are missing.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 009A00037859

2009 DEC 21 AM 8:00  
SEAL OF THE STATE OF FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** TROPIC ISLE PROPERTY OWNERS ASSOCIATION

**DOCUMENT NUMBER:** 712277

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

Please return all correspondence concerning this matter to the following:

Rita A. Collins

(Name of Contact Person)

(Firm/ Company)

2803 12th St. W

(Address)

Palmetto, Fl. 34221

(City/ State and Zip Code)

ritacollins260@HOTMAIL.COM

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

For further information concerning this matter, please call:

Rita A. Collins

(Name of Contact Person)

at ( 941 ) 729-2848

(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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
09 DEC 21 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TROPIC ISLE PROPERTY OWNERS ASSOCIATION, INC.**

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

**712277**

(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:**

**TROPIC ISLES PROPERTY OWNERS ASSOCIATION, INC.**

*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*

(Attach additional sheets, if necessary)

**Type of Action**

- ☐ Add
- ☐ Remove

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

The date of each amendment(s) adoption: 12-1-09

(date of adoption is required)

Effective date if applicable: 1/1/10

(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 Dec. 1, 2009

Signature Rita A. Collins

(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)

RITA A. COLLINS  
(Typed or printed name of person signing)

TREASURER  
(Title of person signing)