

728171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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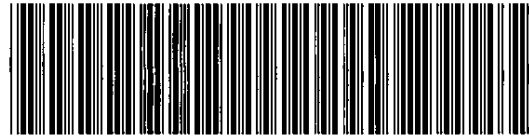
(Business Entity Name)

(Document Number)

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Amend

09/01/10--01007--004 **35.00

FILED
2010 SEP 22 AM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00789, 00524, 00671 9/22/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PALMETTO PINES HOMEOWNERS ASS., INC.

DOCUMENT NUMBER: 728171

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

Please return all correspondence concerning this matter to the following:

ANTHONY ANTAPASIS
(Name of Contact Person)

SPECTRYM INC.
(Firm/ Company)

P.O. BOX 970337
(Address)

COCONUT CREEK, FL 33097
(City/ State and Zip Code)

admin@SPECTRYM.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY ANTAPASIS at (954) 531-9777
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2010

Anthony Antapasis
Spectrym Inc
P.O. Box 970337
Coconut Creek, FL 33097

SUBJECT: PALMETTO PINES HOMEOWNERS ASSOCIATION, INC.
Ref. Number: 728171

We have received your document for PALMETTO PINES HOMEOWNERS 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):

The document is incomplete. Your amendment is missing a first and third page. I have included the extra pages for your convenience that you may fill out and return to us.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 110A00021129

RECEIVED
10 SEP 22 AM 9:13
SECRET
TALLAHASSEE
FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

FILED

2010 SEP 22 AM 12:55

PALMETTO PINES HOMEOWNERS ASSOCIATION, INC.
TALLAHASSEE, FLORIDA

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

728171
(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)

(City)

Florida

(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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>SIDENT</u>	<u>EVA REDMAN</u>	<u>4566 ARARAT ST.</u>	<input checked="" type="checkbox"/> Add
		<u>GARY LEE</u>	<input type="checkbox"/> Remove
		<u>BOCA RATON, FL 33428</u>	
<u>IDENT</u>	<u>GARY LEE</u>	<u>4702 BISON ST.</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		<u>BOCA RATON, FL 33428</u>	
<u>URER</u>	<u>ALLEN HOFFER</u>	<u>11179 DELTA CIR.</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		<u>BOCA RATON, FL 33428</u>	

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

✕ The date of each amendment(s) adoption: 6-14-10
(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 Sept 18, 2010

Signature Eva Redman
(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)

EVA REDMAN
(Typed or printed name of person signing)

Eva Redman President
(Title of person signing)