

728938

(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



800212278168

09/23/11--01029--022 **35.00

FILED
11 SEP 23 PM 12:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amend
Tewis
9-26-11

DANIEL J. LOBECK
MARK A. HANSON*

MICHELLE A. STELLACI
JEREMY V. ANDERSON
DAVID J. FREDERICKS

2033 MAIN STREET, SUITE 403
SARASOTA, FL 34237
(941) 955-5622
FAX (941) 951-1469

E-MAIL law@lobeckhanson.com
INTERNET www.lobeckhanson.com

THE LAW OFFICES OF
LOBECK & HANSON
PROFESSIONAL ASSOCIATION

CONDOMINIUM
COOPERATIVE AND
COMMUNITY
ASSOCIATIONS
CIVIL LITIGATION
PERSONAL INJURY
FAMILY LAW
LAND USE LAW
ESTATES AND TRUSTS

September 19, 2011

*FLA. SUPR. CT. CERTIFIED MEDIATOR

Secretary of State
Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, Florida 32314

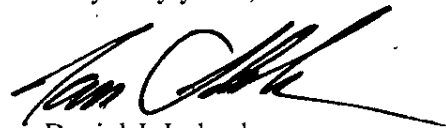
Re: Statement of Change of Registered Agent
Portobello Owners' Association, Inc.

To whom it may concern:

Please find enclosed an original Statement of Change of Registered Agent for the above-referenced corporation and a check in the amount of \$35.00 for the filing fee.

Thank you for your assistance in this matter.

Very truly yours,



Daniel J. Lobeck

DJL/pft
Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Portobello Owners Association Inc.

DOCUMENT NUMBER: 728938

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

Please return all correspondence concerning this matter to the following:

Jeanne Moschella, CMCA, AMS
(Name of Contact Person)

Lighthouse Property Management
(Firm/ Company)

4134 Gulf of Mexico Dr, Ste 203
(Address)

Longboat Key FL 34228
(City/ State and Zip Code)

JEANNE MOSCHELLA @ MGMT. TV
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanne Moschella at (941) 312-5287
(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

Articles of Amendment
to
Articles of Incorporation
of

Portobello Owners Association, Inc.

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

728938

(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)

Lighthouse Property Mgmt
4134 Gulf of Mexico Dr
SUITE 203
Longboat Key FL 34228

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:

DAN Lobeck, Esq., Lobeck & Hanson, PA
2033 Main St, Ste 403

New Registered Office Address:

(Florida street address)
Sarasota, Florida 34237
(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 SEP 23 PM 12:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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>
PD	Gilbert, Debra	3245 Gorn #501 LBR FL 34228	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Miller, Suzanne	3235 Gorn #403 LBR, FL 34228	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AD	Stensborg, ROLF	3240 Gulf of Mexico Dr LBR, FL 34228	<input type="checkbox"/> Add Amend title <input type="checkbox"/> Remove

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

VP	Collins, William	3240 Gulf of Mexico Dr B105 LBR FL 34228	Amend title
ST	Hill, David	3240 Gulf of Mexico Dr B307, LBR FL 34228	Amend title
D	Pynn, Tom	3240 Gulf of Mexico Dr B305, LBR, FL 34228	ADD
D	Burke, William	3235 Gulf of Mexico Dr #A503 Longport Ky FL	ADD

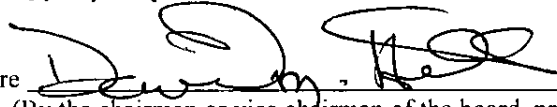
The date of each amendment(s) adoption: 9/1/11
(date of adoption is required)

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 9/1/11

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)

David M. Hill
(Typed or printed name of person signing)

TREASURER
(Title of person signing)