

733059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

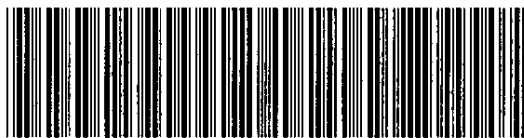
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected documents
by telephone call
on 6/22/09

Office Use Only



000151436050

05/04/09--01063--020 **70.00

Amend

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 JUN 19 AM 10:09

Roberts JUN 22 2009
JUN 22 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2009

JUN 12 2009

PAUL L SAPP
P & M PROPERTY MANAGEMENT
14360 S. TAMiami TR UNIT B
FT MYERS, FL 33912

SUBJECT: EL MIRADOR CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 733059

We have received your document for EL MIRADOR CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

The registered agent signature is not an acceptable signature.

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: 309A00019393

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUN 19 AM 8:00

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EL MIRADOR CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: 733059

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

Please return all correspondence concerning this matter to the following:

PAUL L. SAPP
(Name of Contact Person)

P & M Property Management
(Firm/ Company)

14360 S. TAMiami TR., UNIT B.
(Address)

FT MYERS, FL 33912
(City/ State and Zip Code)

mindmanors@aol.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL L. SAPP at (239) 481-1577
(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

The date of each amendment(s) adoption: 6/16/09
(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 6/16/09

Signature Robert H. Lerberg
(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)

ROBERT H. LERBERG
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)