733059

(Address) (Address) (City/State/Zip/Phone #) (Dity/State/Zip/Phone #) (Business Entity Name) (Document Number) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Carruft Arunus by Hughmu Cau M (22/39	(Requestor's Name)
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Office Use Only



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SECRETARY OF STATEMS
SECRETARY OF CORPORATIONS
OF JUN 19 AM 10: 08

Cana July 22 2009



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 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

JUN 1 2 2009

SECRETARY OF STATE TALKANDA

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RECEIVED

COVER LETTER

TO: Amendment Section

Division of Corporations				
	/			
NAME OF CORPORATION:	EL MIRA	400R	CONDOMII	Jlum
DOCUMENT NUMBER:		_		
The enclosed Articles of Amendme	nt and fee are submi	tted for filing	g.	
Please return all correspondence con	ncerning this matter	to the follow	ving:	
^ -	(Name of Co			
Pom	Propert (Firm/C	5mpany)	magemen	<u></u>
1430	00 S.72 (Add	M I Av Iress)	11 TR., U	NITB.
F1	M 45PS, (City/ State a	FL ond Zip Code	33912	
E-mail a	indmana ddress: (to be used for	or future and	a o l. Com	n)
For further information concerning	this matter, please ca	all:		
PAUL L. SAPP (Name of Contact Pe	rson)	at (<u>23</u>	99 <u>481 -</u> rea Code & Daytime	IS 77 Telephone Number)
Enclosed is a check for the followir	ig amount made paya	able to the F	lorida Department of	State:
State \$35 Filing Fee ☐ \$43.75 Filing Fee ☐ \$43.75 Filing Fee	Filing Fee & of Status	☐ \$43.75 I Certified C (Additiona enclosed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		An Di ^c Cli 26	reet Address nendment Section vision of Corporations fron Building 61 Executive Center Ci llahassee, FL 32301	ŕ

Articles of Amendment

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Incorporation

80:01MA PI NUL PO

EL MIRADOR CONDON	NIUM ASSOCIATION, INC.
(Name of Corporation as currently filed with t	he Florida Dept. of State)
733059	
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, he following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>n:</u>
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	be used in the name.
3. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Pin Property Management 14360S. TAMIAMITR, UNITE.
	FT MYRY , RL 33912
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DAME
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent: PAUL	L. SAPP
<u> </u>	da street address)
	NYDY, Forida 3391 L (City) (Zip Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am position.	
Signature of New	Registered Agent, if changing

Page 1 of 3

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>	Address	Type of Action	4.41
4	IRVIN HANKES	Clopen Property Many 14360 S Tamiani TK, S FT Myery, R 33912	Add Add Remove	188
5/7	DONALD FLAHARY	SAME	☐ Add ☐ Remove	ly ss
$\frac{\mathcal{V}}{V}$	Robert Lerberg -	SAME	Add Remove	
	ng or adding additional Articles, enter of itional sheets, if necessary). (Bé specifi			
	40011			
	A-1-1			

The date of each amendment(s) a	dention: (0/16/09
•	(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 adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated	6/16/09
Signature	of the land of the land of the state of the
have not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
_	ROBERT H. LERBERG
	(Typed or printed name of person signing)
	(Title of person signing)