

738030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 SEP 28 PM 12:25

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T CANNON

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Lely Civic Assn., Inc

DOCUMENT NUMBER: 738030

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

Please return all correspondence concerning this matter to the following:

Anchor Associates, Inc

(Name of Contact Person)

Anchor Associates, Inc

(Firm/ Company)

3940 Radio Road, Suite 112

(Address)

Naples, Fl 34104

(City/ State and Zip Code)

admin@anchormangers.com

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

For further information concerning this matter, please call:

_____ at (239) 649-6357
(Name of Contact Person) (Area Code & Daytime Telephone)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2015

ANCHOR ASSOCIATES, INC.
3940 RADIO ROAD
SUITE 112
NAPLES, FL 34104 US

SUBJECT: LELY CIVIC ASSN., INC.
Ref. Number: 738030

RECEIVED
SEP 21 2015
ANCHOR ASSOC. INC.

We have received your document for LELY CIVIC ASSN., 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):

Please mark the type of action for each officer and/or director on page 2.

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) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 015A00019465

RECEIVED
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Articles of Amendment
to
Articles of Incorporation
of

Lely Civic Assn., Inc

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

738030

(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)

Anchor Associates, Inc

3940 Radio Road, Suite 112

Naples, FL 34104

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Anchor Associates, Inc

3940 Radio Road, Suite 112

Naples, FL 34104

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: Brad A Phelps

3940 Radio Road, Suite 112

(Florida street address)

New Registered Office Address:

Naples

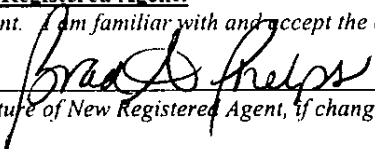
(City)

Florida 34104

(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

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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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	Linda Jorgensen	3940 Radio Road, Suite 112 Naples, FL 34104
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	Rose Coppola	3940 Radio Road, Suite 112 Naples, FL 34104
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	T	Amy McGowan	3940 Radio Road, Suite 112 Naples, FL 34104
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

20 horizontal lines for amending or adding additional Articles.

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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

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)

LINDA R. JORGENSEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE, FLORIDA