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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MÁIL
(Bu	isiness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	CORPORATION:Tiki House Condominium, Inc.				
DOCUMENT NUMBER:	NT NUMBER: 743101				
The enclosed Articles of Amendm	ent and fee are submitted for filing.				
Please return all correspondence co	oncerning this matter to the following:				
·	(Name of Contact Person)				
	(Firm/ Company)				
	(Address)				
	(City/ State and Zip Code)				
For further information concerning	this matter, please call:				
Katherine A. Bucha	at (239) 389-1933				
(Name of Contact Person Enclosed is a check for the follow	ng amount made payable to the Florida Department of State:				
\$35 Filing Fee \$43.75 Filing Certificate					
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



March 12, 2009

TIKI HOUSE CONDOMINIUM, INC. KATHERINE A. BUCHANAN 994 PAHANA COURT UNIT #1 MARCO ISLAND, FL 33145

SUBJECT: TIKI HOUSE CONDOMINIUM, INC.

Ref. Number: 743101

We have received your document for TIKI HOUSE CONDOMINIUM, 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 you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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: 109A00008552

SECRETARY OF STATE ADJANTEL ADJANTEL FLORION

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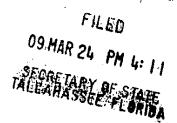
RECEIVED

COVER LETTER

. **TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	Tiki H	ouse	Condomi	nium	, Inc.	
DOCUMENT NUMBER:	743101	•••				
The enclosed Articles of Amenda	nent and fee a	re subm	itted for fil	ing.		
Please return all correspondence c	oncerning thi	s matte	r to the follo	owing:		
	(Name o	of Contac	t Person)			
· · · · · · · · · · · · · · · · · · ·	(Fir	m/ Comp	pany)			
<u></u>		(Address	s)	,		- u
			Zip Code)			
For further information concernin	g this matter,	please	call:			
Katherine Bucha (Name of Contact Perso		at	(239 (Area Co	_) ode & Da	389-193	
Enclosed is a check for the follow		nade pa				
\$35 Filing Fee \$43.75 Filing Certificate			\$43.75 Filing Certified Cop (Additional c enclosed)	ру		\$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		Ai D Cl 26	reet Addre mendment S vision of C ifton Build 61 Executivallahassee, I	Section orporating ve Cen	ions ter Circle	

Articles of Amendment to Articles of Incorporation



Tiki House Condo	ominium,	Inc.	·
(Name of Corporation as current	tly filed with	the Florida Dept.	of State)
743101			
(Document Number	er of Corporat	ion (if known)	
ursuant to the provisions of section 617.1006, FI e following amendment(s) to its Articles of Inco		, this <i>Florida Not I</i>	For Profit Corporation adopts
. If amending name, enter the new name of the	he corporatio	n:	
he new name must be distinguishable and combet the horeviation "Corp." or "Inc." "Company" or "			
. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u> .			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
e. If amending the registered agent and/or reg new registered agent and/or the new registe	gistered office ered office ad	e address in Florid dress:	a, enter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Flor	ida street address)	
_		(City)	, Florida (Zip Code)
ew Registered Agent's Signature, if changing hereby accept the appointment as registered cosition.		Agent:	accept the obligations of th
Sig	anature of Nev	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)

Title Name Address Type of Action Pres. 904 Panama Court Add Wilson F. Buchanan __ 🔀 Remove Marco Island, FL 34145 19772 Sioux Hills Road dd X Add Steven Flinn Pres Hutchinson, MN 55356 Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption: May 2008
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	March 19, 2009
hav	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, o er court appointed fiduciary by that fiduciary)
	Katherine A. Buchanan
	(Typed or printed name of person signing)
	Secretary/Treasurer
	(Title of person signing)

Page 3 of 3