

JUN. 14. 2012 9:30AM

ations CAPITAL CONNECTION

NO. 0545

P. 1

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760431

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
CARIBBEAN VILLAS CONDOMINIUM HOMEOWNERS
ASSOCIATION,

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Amend

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TO: SECRETARY OF STATE
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0001

FILED
12 JUN 14 PM 4:06

JUN. 14. 2012 9:30AM

CAPITAL CONNECTION

NO. 0545 P. 2

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CARIBBEAN VILLAS CONDOMINIUM HOMEOWNERS
ASSOCIATION, INC.

DOCUMENT NUMBER: 760431

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

Please return all correspondence concerning this matter to the following:

IVAN PORGES

(Name of Contact Person)

(Firm/ Company)

322 BROADWAY

(Address)

WISSIMMEE FL 34741-5718

(City/ State and Zip Code)

IVANPORGES@9mail.com

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

For further information concerning this matter, please call:

IVAN PORGES

(Name of Contact Person)

at (407) 535 5634

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|--|--|
| <input 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

JUN. 14. 2012 9:30AM

CAPITAL CONNECTION

NO. 0545 P. 3

Articles of Amendment
to
Articles of Incorporation
of

CARIBBEAN VILLAS CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

760431

(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)

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:

IVAN PORGES
322 BROADWAY

(Florida street address)

New Registered Office Address:

KISSIMMEE

(City)

Florida

(Zip Code)

34741-5718

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

12 JUN 14 PM 4:06

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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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P	KONIECZNY DEBRA DEBRA KONIECZNY	2143 CARIBBEAN DRIVE N KISSIMMEE FL 34741
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	V	VALVERDE VICTOR VICTOR VALVERDE	2347 PEPPERCORN STREET KISSIMMEE FL 34741
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	T	STALEY JAMES JAMES STALEY	2203 CARIBBEAN DRIVE N KISSIMMEE FL 34741
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	S	YED DELLA DELLA YED	2611 EAGLE CLIFF DR KISSIMMEE FL 34746
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	BLACKBURN BOB BOB BLACKBURN	2316 MARGARITA COURT KISSIMMEE FL 34741
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	ROBINSON KARLA KARLA ROBINSON	1101 MIRANDA LANE KISSIMMEE FL 34741

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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☐ 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	PTD	IVAN PORGES	2224 W COLUMBIA AVE 130 MISSISSIMMEE FL 34741-3436
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VD	CARMEN CRUZ	2017 CARIBBEAN DR SO MISSISSIMMEE FL 34741
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	SD	MARLENE KHALEEL-PORGES	2224 W COLUMBIA AVE 130 MISSISSIMMEE FL 34741-3436
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	MAUDIE ANDINO	19302 OAKLEAF ST ORLANDO FL 32833
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	ZETLY AROCHE	1828 FARRIS DR ST CLOUD FL 34771
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

The date of each amendment(s) adoption: 6/13/2012

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

6/13/2012

Signature

M. Khaleel-Forges

(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)

M. KHALEEL-FORGES

(Typed or printed name of person signing)

SECRETARY / DIRECTOR

(Title of person signing)