

767855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

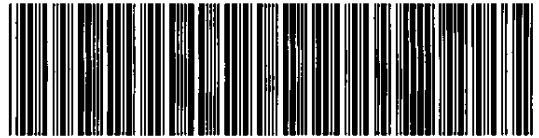
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



200156050722

05/28/09--01016--022 **1811.25

*Amended
NC*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 28 PM 4: 52

Roberts JUN 01 2009

BUSCHMAN, AHERN, PERSONS & BANKSTON

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

ATTORNEYS AT LAW

2215 SOUTH THIRD STREET, SUITE 101
JACKSONVILLE BEACH, FLORIDA 32250
TELEPHONE (904) 246-9994
FAX (904) 246-6680

BUSCHMAN & AHERN, P.A.

FRED L. AHERN, JR. (fahern@bapblaw.com)

ROBERT B. PERSONS, JR. P.A.

JEFFREY R. BANKSTON, P.A.

KRISTIE R. SCHRADER, P.A. (kschrader@bapblaw.com)

May 26, 2009

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

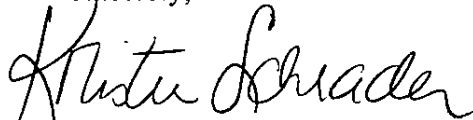
Re: Reinstatement and Amendment (name change)

To Whom It May Concern:

Enclosed please find the **Reinstatement** application for The Beachcomber Condominium Association, Inc. with the reinstatement fee of \$1,767.50, plus \$8.75 for a certificate of status. As we understand that this name is no longer available, also enclosed is the **Amendment** to the Articles renaming the corporation to Beachcomber I Condo Association, Inc. with payment of \$35.00 (for a total of \$1,811.25).

If you have any questions or concerns, please feel free to contact me.

Sincerely,



Kristie Schrader

KS/
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Beachcomber Condominium Association, Inc.

DOCUMENT NUMBER: 767855

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

Please return all correspondence concerning this matter to the following:

Kristie Schrader, Esq.

(Name of Contact Person)

Buschman, Ahern, Persons & Bankston

(Firm/ Company)

2215 So. Third Street, Suite 101

(Address)

Jacksonville Beach, FL 32250

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Kristie Schrader, Esq.

(Name of Contact Person)

at (904) 246-9994

(Area Code & Daytime Telephone Number)

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

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 23 PM 4:52

The Beachcomber Condominium Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

767855

(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:

Beachcomber I Condo Association, Inc.

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**)

2180 West State Road

Suite 5000

Longwood, FL 32779

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

same as above

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: _____

New Registered Office Address: _____

(Florida street address)

_____, Florida
(City) (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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<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: 05/20/2009

Effective date if applicable: 11/20/1984
(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 5/26/09

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)

Robert Love

(Typed or printed name of person signing)

President

(Title of person signing)