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Amend



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

.

NAME OF CORPORATION: THE MAI	RGUERITA VILLAS HOMEOWNERS ASSOCIATION INC
DOCUMENT NUMBER: N00000004600	
The enclosed Articles of Amendment and for	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
LORNA TRACEY	
	(Name of Contact Person)
	(Firm/ Company)
4697 MARTHA LOUISE DR	
	(Address)
WEST PALM BEACH, FL 33417	
	(City/ State and Zip Code)
eapineda44@comcast.net	to be used for future annual report notification)
For further information concerning this mat	•
to the state of th	, proude tuin
ENRICO A PINEDA	at (561 ) 683-2301
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	nt made payable to the Florida Department of State:
☑ \$35 Filing Fee ☐\$43.75 Fili Certificate	ng Fee & \$\Bigcup \\$43.75 \text{ Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)} \Bigcup \\$52.50 \text{ Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)}
Mailing Address	Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

THE MARGUERITA VILLAS HOMEO	OWNERS ASSOCIA	TION INC .	PALICAETA	MH 10.
(Name of Corpo	ration as currently	iled with the Florida	Dept. of State	STOR CO
N00000004600			*	CEFLORI
(Documen	t Number of Corpora	tion (if known)		
Pursuant to the provisions of section 617. following amendment(s) to its Articles of		s, this <i>Florida Not F</i> o	or Profit Corporation	adopts the
A. If amending name, enter the new na	me of the corporati	on:	•	
The new name must be distinguishable an "Corp." or "Inc." "Company" or "Co."			orporated" or the abb	reviation
B. Enter new principal office address, (Principal office address MUST BE A ST				<del></del>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of				
			<u>.                                    </u>	
D. If amending the registered agent an new registered agent and/or the new			<u>, enter the name of th</u>	<u>ie</u>
Name of New Registered Agent:	RUTH DARRING	ΓΟΝ		
	4697 MARTHA LO	OUISE DR		
New Registered Office Address:	(	Florida street address)	···	
	WEST PALM BEA	СН	, Florida 33417	
		(City)		Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe			the obligations of the	position.
1	Buth Do	menta-		
Sign	nature of New Regist	ered Agent) if changing	19	

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

\_1 i

Tifle(s)	<u>Name</u>		Address
1) <u>DP</u>	LORNA TRACEY		57 MARTHA LOUISE DR
,		WI	EST PALM BEACH, FL 33417
		_	
2) <u>DT</u>	RUTH DARRINGTON		59 MARTHA LOUISE DR
•		<u>WI</u>	EST PALM BEACH, FL 33417
a. DC	THERESA WESLEY		
3) DS	THERESA WESLET		D7 MARTHA LOUISE DR EST PALM BEACH, FL 33417
			EST TALM BLACK, 1.D. 35417
4) DVP	SYDNEY WOLFE	160	95 MARTHA LOUISE DR
4)	STERET WOLFE	— <del>40</del>	EST PALM BEACH, FL 33417
		<del></del>	
5)DVP	MARCO SILVAGI	46	81 MARTHA LOUISE DR
·/			EST PALM BEACH, FL 33417
		_	
6)		<u></u>	
-			
If REMOVING	<u>G an officer and/or director, please list th</u>	e title(s) and na	me of the officer/director to be removed:
Title(s)	<u>Name</u>	Title(s)	Name
1) DP	PAUL CONLOGUE	4) DT	CAROL EGAN
2) DS	JENNIFER LUNDGREN	5) <u>DVP</u>	LORNA TRACEY
3) DVP	CARLOS RODRIGUEZ	6)	

E.	If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
	(attach additional sheets, if necessary).	(Be specific)		
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The date of each amendment(s) adoption: 11/6/2011			
Effective date if applicable: 11/16/2011  (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 was/were sufficient for approval.	ment(s)		
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/adopted by the board of directors.	were		
Dated 11/16/20147			
Signature Logh / Comp			
(By the chairman or vice chairman of the board, president or other officer-if direction have not been selected, by an incorporator – if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary)			
LORNA TRACEY			
(Typed or printed name of person signing)			
DIRECTOR/PRESIDENT			
(Title of person signing)			

Page 4 of 4