## N00140

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900253143389

10/28/13--01029--024 \*\*35.00

M11-18-13



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2013

DON VINTILLA LAKE DORA HARBOUR HOMEOWNERS ASSOCIATION 3436 HARBOUR DR. MT. DORA, FL 32757

SUBJECT: LAKE DORA HARBOUR HOMEOWNERS ASSOCIATION,

INCORPORATED Ref. Number: N00140

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE COMPLETE THE LAST TWO PAGES OF THE DOCUMENT AS WE DID NOT RECEIVE THEM.

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.

Darlene Connell Regulatory Specialist II

Letter Number: 513A00025544

STOP ARE

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LAKE DORI	9 HARBOUR Home	OWNER'S ASCOCIATION, INC
DOCUMENT NUMBER: NO0140		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this may	tter to the following:	
DON VINTILLA		
•	(Name of Contact Person	n)
LAKE DORA HARBOUR HOME OF	LUNCR'S ASSOCI	4770n, 10C
3436 HARBOUR DRIVE	(i mis Company)	
	(Address)	
MT. JORA, FL. 32757		
,	(City/ State and Zip Cod	e)
DIVIN @ Como	AST. NET	
E-mail address: (to be use	ed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
DON VINTICLA	at ( 352	383-9819 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee Sertificate of Status	Section 2 Sectio	□\$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	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

LAKE DORA HARBOUL HO	ME OUNERS	ASSOCIATIO	n, incorporated	<del>.</del>
(Name of Corporation as currently	filed with the Florida	Dept. of State)		
(Docum	nent Number of Corpo	ration (if known)		
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		nis <i>Florida Not For P</i>	Profit Corporation adopts the	following
A. If amending name, enter the new nam	e of the corporation:			
name must be distinguishable and contain t "Company" or "Co." may not be used in t		or "incorporated" (	or the abbreviation "Corp." c	_The new or "Inc."
B. Enter new principal office address, if	applicable:		with a	. <del></del>
(Principal office address <u>MUST BE A STR</u>	REET ADDRESS )		· · · · · · · · · · · · · · · · · · ·	. S
	_	-		
				ਲ ਹੈ
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			بني والمراقبة المراقبة المراقبة ال	
(Matting duaress MAT BE A FOST OF	Frice BUX)			្រូក
	_		+* {	-
D. If amending the registered agent and/ new registered agent and/or the new registered agent and registered agent age			ter the name of the	
Name of New Registered Agent:	DON VINTIL 3436 HARBO			
	3436 HARBO	OR DRIVE		
<u>New Registered Office Address:</u>	(Flor	ida street address)		
_	MT, DUM (City)		, Florida <u>32757</u>	
	(City)	1	(Zip Code)	)
New Registered Agent's Signature, if cha I hereby accept the appointment as register			e obligations of the position.	
	Signature of New Reg	istered Agent, if chan	 ging	

Page 1 of 4

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:  X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones ty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u> </u>	NINO GAGLIANO	3541 HARBOUR Da. MT. DORA, FL, 32757
2) Change	<u>VP</u>	CURTIS WITIKER	3344 HARBOUR DR. MT. DOLA, Fl. 32757
Remove  3) Change  Add  Remove	ID	DON VINTILLA	3436 HARBENA DR. MT. DORA, FL. 32757
4) Add Remove	SD	MALLORY JONES	110 LAKEVIEW LAWE MT. DOLA, FL. 32757
5) Change Add Remove	<del></del>		
6) Change Add Remove			

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 <math>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: X Change X Remove X Add	PT         John I           V         Mike           SV         Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	ρ	RALPH SMITH	MT. DORA, FL. 32757
2) Change Add	<u>v</u> P_	JEANNE GAGLIANO	3541 HARBOUR DR. MT. DORA, FL. 32757
Remove  3) Change Add Remove	TD	LARRY EVERLY	3131 LAKESHORE DA. MT. DORA, FL. 32757
4) Change Add Remove	<u>S</u>	TAMES RUSSELL	3559 HARBOUR DL. MT. DORA, FL. 32757
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)				
		, .			
<del></del>				- <u>-</u>	
	,	<del> </del>			
				=	
·		· ·	, , <u></u>	·	
	<del> </del>				
	<del></del>		<del></del>		-
				<u> </u>	
			<del></del>		
				· · · · · · · · · · · · · · · · · · ·	
					<del></del> -
	,				<del></del>
		•			
	<del> </del>				-

The date of each amendment(s) addate this document was signed.	loption: 5/28/20/3	, if other than the
Effective date <u>if applicable</u> :	e)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast fo	r the amendment(s)
adopted by the board of director	bers entitled to vote on the amendment(s). The amendments. $\frac{12/20/3}{12/20/3}$	nent(s) was/were
(By the chair have not be	rman or vice chairman of the board, president or other of en selected, by an incorporator – if in the hands of a re- appointed fiduciary by that fiduciary)	
	JONALD VINTILLA	
	(Typed or printed name of person signing)	
To	leasuren	
	(Title of person signing)	