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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: Mustang Island Homeowner Assoc., Inc.				
DOCUMENT NUMBER: N01000000673				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Lori Wilson				
(Name of Contact Person)				
Myers, Brettholtz & Company, PA				
(Firm/ Company)				
12671 Whitehall Drive				
(Address)				
Fort Myers FL 33907				
(City/ State and Zip Code)				
For further information concerning this matter, please call:				
Lori Wilson at ( 239 ) 939-5775				
(Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
✓ \$35 Filing Fee				
Mailing Address Amendment Section  Street Address Amendment Section				

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section statement of change is submitted for in order to change its regi	r a corporation organ	ized under the laws of the L	State of Florida	
1. The name of the corporation:	Mustang Island	Homeowners Associ	ation, Inc. a	?
2. The principal office address: 126	71 Whitehall Drive, Fo	ort Myers FL 33907		
3. The mailing address (if different)	<u> </u>		753 109	ST FE
4. Date of incorporation/qualification	on: 1/1/2001	Document number:	N01000000673	. E
5. The name and street address of the Florida Department of State:			يَوْ يَسْتُلِبُ	₹ <b>_</b>
Timothy J Rue	mler		<u></u>	1 ( T. )
5801 Pelican	Bay Blvd. Suite 60	00		, ,
Naples FL 34	108			gar e ang s
12671 Whiteh	oltz & Company, I all Drive (P.O. Box NOT acceptable)	PA	tered office	. v tudi
Fort Myers FL  The street address of its registered		address of the business of	ffice of its registered a	gent.
as changed will be identical.				9
Such change was authorized by re authorized by the board; or the co-	solution duly adopted rporation has been no	tified in writing of the ch	or by an officer so ange.	
Conflat		CARTY	ZEHLBLITO  I name and title)	•
(Signature of an officer or director in the state of an officer of director in the state of my duties, and I am familiar with accument to being filed merely to correspond to the state of my duties. (Signature of Registered Age	s registered agent an provisions of all stat the oblined and accept the oblined and accept the oblined are the oblined are the of this change.	d agree to act in this cape utes relative to the proper igation of my position as i e registered office addres	acity.	nance if this it the
If signing on behalf of an entity:				
Lori Wilson (Typed or Printed Name)		y we		

\* \* \* FILING FEE: \$35.00 \* \* \*