

NO1000007565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

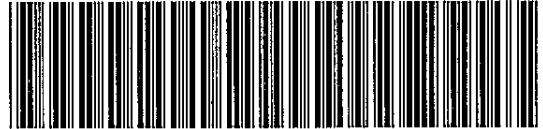
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/20/05--01064--006 **35.00

FILED
05 JUN 20 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FL 09104

RECEIVED
05 JUN 20 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FL 09104

Amend
C. Coulliette JUN 20 2005

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- HIBISCUS 1 OF CHARLOTTE COUNTY CONDOMINIUM ASSOCIATION, INC.
- 2- _____
- 3- _____
- 4- _____

- Walk-in Pick-up time ASAP Certified Copy
 Mail-out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

Articles of Amendment to the
Articles of Incorporation
of
HIBISCUS I OF CHARLOTTE COUNTY
CONDOMINIUM ASSOCIATION, INC.

FILED
05 JUN 20 PM 2: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 617.1002 of the Florida Not For Profit Corporation Act, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

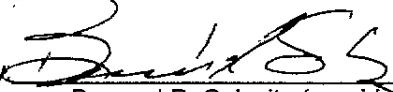
1. The name of the corporation is Hibiscus I of Charlotte County Condominium Association, Inc.
2. The following amendment of the Articles of Incorporation were adopted by the directors and members of the corporation on the 12th day of May, 2005:
 - Section 2 of the Articles of Incorporation is hereby amended by the addition of the following provision:

1. To operate and maintain the surface water management system facilities, including all inlets, ditches, swales, culverts, water control structures, retention and detention areas, ponds, lakes, flood plain compensation areas, wetlands and any associated buffer areas, and wetland mitigation areas. In the event this Association is dissolved, the control or right of access to the property containing the surface water management system facilities shall be conveyed or dedicated to an appropriate governmental unit or public utility and that if not accepted, then the surface water management system facilities shall be conveyed to a non-profit corporation similar to the Association.

3. The foregoing Amendment to the Articles of Incorporation was adopted by a vote of 2/3rds of the Directors and a vote of not less than a majority of the total voting interests of the Association on the 12th day of May, 2005.

Dated this 8 day of ~~May~~ ^{June}, 2005.

Hibiscus I of Charlotte County Condominium Association, Inc.

By 
Bernard R. Selz, its (president or vice pres.)

(Corporate Seal)

State of Florida
County of Charlotte

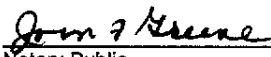
The foregoing instrument was acknowledged before me this 8 day of June, 2005, by BERNARD R. SELZ, as President of Hibiscus I of Charlotte County Condominium Association, Inc., a Florida corporation, on behalf of the corporation. He is personally known to me or produced _____ as identification.

My commission expires:

5.21.2007



Joan F. Greene
MY COMMISSION # DD194017 EXPIRES
May 21, 2007
BONDED THRU TROY FAIN INSURANCE, INC.


Notary Public
Joan F. Greene
Printed name of Notary
DD194017
Serial or Commission Number