

ND20000001282

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(Address)

(City/State/Zip/Phone #)

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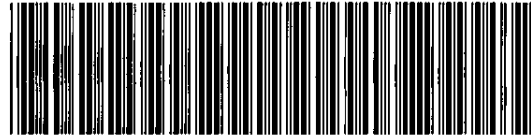
(Business Entity Name)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 DEC 16 AM 10:59

Amend
@ 12/17/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TwinEagles Homeowners Association, Inc

DOCUMENT NUMBER: N02000001282

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

Please return all correspondence concerning this matter to the following:

Ken Bloom

(Name of Contact Person)

KEB Management Services

(Firm/ Company)

6017 Pine Ridge Road, Suite 262

(Address)

Naples, FL 34119

(City/ State and Zip Code)

bloomk@kebmngnt.com

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

For further information concerning this matter, please call:

Ken Bloom

(Name of Contact Person)

at (239) 262-1396

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 DEC 16 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 24, 2010

KEN BLOOM
KEB MANAGEMENT SERVICES
6017 PINE RIDGE ROAD - SUITE 262
NAPLES, FL 34119

SUBJECT: TWINEAGLES HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N02000001282

We have received your document for TWINEAGLES HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE THE FORM IN ITS ENTIRETY.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 710A00027605

Articles of Amendment
to
Articles of Incorporation
of

TwinEagles Homeowners Association, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

N02000001282

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 DEC 16 AM 10:59

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:

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**)

1125 TwinEagles Blvd.

Naples, FL 34120

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

6017 Pine Ridge Road, Suite 262

Naples, FL 34119

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:

Ken Bloom

New Registered Office Address:

6017 Pine Ridge Road, Suite 262

(Florida street address)

Naples

(City)

Florida 34119

(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.

KCB

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>
<u>Pres</u>	<u>Anthony Solomon</u>	<u>3185 Horseshoe Drive South</u> <u>Naples, FL 34104</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VPres</u>	<u>Mark Taylor</u>	<u>3185 Horseshoe Drive South</u> <u>Naples, FL 34104</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Sec/Treas</u>	<u>Karen Welks</u>	<u>3185 Horseshoe Drive South</u> <u>Naples, FL 34104</u>	<input checked="" 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)

[illegible]

Title	Name	Address	Type of Action
DP	Joseph B Garon	9990 Coconut Rd STE 200 Bonita Springs, FL 34135	Remove
DVP	Robin Leete	9990 Coconut Rd STE 200 Bonita Springs, FL 34135	Remove
DST	Terri Spencer	9990 Coconut Rd STE 200 Bonita Springs, FL 34135	Remove

The date of each amendment(s) adoption: October 1, 2010
(date of adoption is required)

Effective date if applicable: _____
(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 12-9-10

Signature Karen E. Welhs
(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)

Karen E. Welhs
(Typed or printed name of person signing)

Secretary / Treasurer
(Title of person signing)