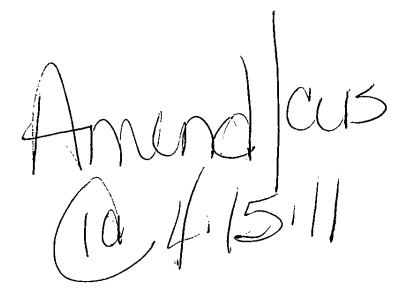
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FAIRMONT H	OMEOWNERS ASSOC	IATION
DOCUMENT NUM	BER: N0400003054		
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matt	er to the following:	
		n McLaughlin	<u>.</u>
	(Name of	Contact Person)	
	FAIRMONT HOME	OWNERS ASSOCIATION	
	(Firm	/ Company)	
	3092	Chica Circle	
	(/	Address)	
	West Melbou	rne, Florida 32904	
	(City/ Stat	te and Zip Code)	
	rose@morganandbarb E-mail address: (to be use	ary.com / scpm9@cfl.rr.cond for future annual report notifica	n ation)
For further informati	on concerning this matter, please	e call:	
Rose McLaughlir	1	at (321) 951-340	0
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check to	For the following amount made p	ayable 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	r Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2011

ROSE ANN MCLAUGHLIN FAIRMONT HOA 3092 CHICA CIRCLE WEST MELBOURNE, FL 32904

SUBJECT: FAIRMONT HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N0400003054

We have received your document for FAIRMONT HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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: 011A00007944

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APR 15 AM 9: 08
CRETARY OF STATE

Patronal are storp Orcheck Division of Corp

Articles of Amendment to Articles of Incorporation of

FAIRMONT HOMEOWNERS ASSOCIATION

PAIRWONT HOW				
(Name of Corporation as cu	rrently filed with t	he Florida Dept. of St	<u>ate</u>)	
N0	4000003054			
(Document No	umber of Corporation	on (if known)		
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of	6, Florida Statutes, Incorporation:	this Florida Not For F	Profit Corporation add	pts
A. If amending name, enter the new name	of the corporation	<u>ı:</u>		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word or "Co." may not	"corporation" or "inc be used in the name	orporated" or the	
B. Enter new principal office address, if as (Principal office address MUST BE A STRE				
				NIG N
			APR 15	SCRE
C. Enter new mailing address, if applicab			20	유표
(Mailing address <u>MAY BE A POST OF</u>	TCE BOX)	, , , , , , , , , , , , , , , , , , ,		Cogn
	,			POR
			2: 0	CORPORATIONS
			φ	Ž.
D. If amending the registered agent and/or new registered agent and/or the new reg			ter the name of the	
Name of New Registered Agent:	RoseAr	nn McLaughlin	_	
		Chica Circle		
New Registered Office Address:	(Floria	la street address)		
	West	Melbourne	_, Florida 32904	
		(City)	(Zip Code)	
New Registered Agent's Signature, if chang				
I hereby accept the appointment as register position.	ed agent. Fam fo	amiliar with and accep	pt the obligations of	the
position.	Signature of New 1	Four Longerical Agent, if the	anging	
	Page 1 of 3			

	and title, name, and address of each (
(Attach ad	lditional sheets, if necessary)	Sincer and/or Director Deing	auutu.
<u>Title</u>	<u>N</u> ame	Address	Type of Action
			☐ Add
(attach	nding or adding additional Articles, e additional sheets, if necessary). (Be some Section 13.1 of the Articles of I	pecific)	38 of the Declarations
	urrently state that a 2/3 affirmative		
an amer		<u> </u>	
Section '	13.1 of the Articles of Incorporation	on and Article 38 of the De	eclarations pursuant to
a 2/3 affi	rmative vote by the membership	on 3/7/11, either in persor	or by proxy
changed	the required 2/3 affirmative votes	s to 50% + 1 of members	in good standing.
4 сору о	f the amendment filed with the Br	evard County Clerk of Co	urt and the original
Amendm	nent for filing with the Secretary o	f State which lays out in d	etail the specific
language	e of the amendment are attached	hereto.	

The date of each amendment(s)	adoption: March 7, 2011
()	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of directors	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
_{Dated} _Orig. se	ent 3/23/11 Corrected 4/8/11
Signature	Mrs Wfauch Ca.
(By the	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
_	RoseAnn McLaughlin
_	(Typed or printed name of person signing)
_	President
_	(Title of person signing)

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