(Re	questor's Name)							
(Ad	dress)							
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Bu	siness Entity Nam	ne)						
(Document Number)								
·								
Certified Copies	_ Certificates	of Status						
Special Instructions to Filing Officer:								

Office Use Only

1,2811



400192288204

01/27/11--01019--010 \*\*35.00

My Mar 12 Mar. 1. 18 Mar. 1. 18 Mar. 1. 18 Mar. 1. 18 Mar. 18

## **COVER LETTER**

j¥

P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations	
SUBJECT: MT. OLIVE SHORE  Name  DOCUMENT NUMBER: NO 5000	S NORTH II COUNERS! ASSOCI
The enclosed Articles of Correction and fee an	e submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
MICHAEL GILL Name of Contact Person	
MT. OLIVE SHORES	NORTH ILOWNERS ASSOC FAC
405 NOLANE LA	ME_
PULK CITY F City/State and Zip Code	
E-mail address: (to be used for future annual report to	w. Com notification)
For further information concerning this matter	r, please call:
MICHAEL GILLILAND Name of Contact Person	at ( <u>P60</u> ) 334-2094  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy
Amendment Section A	Street Address: Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF CORRECTION

for

mb	04115	SHORES	NORTH currently filed with the Florida	TI OWNE	RSADE	INC.
	· · · · · · · · · · · · · · · · · · ·	Name of Corporation as c	urrently filed with the Florida	Dopt. of State	<b>建</b>	E &
		N05000	3000272		32 2	A CLIMENT AL
		Docum	ment Number (if known)		mair =	
these Arti	cles of Correct	ion within 30 days o	24 or 617.0124, Floof the file date of the	document being	corrected	<del>,</del>
These arti	icles of correcti	on correct 2011	NOT-FOR-PK (Document Ty	pe Being Corrected)	PORATION I	4NaH-
filed with	the Departmen	t of State on	(File Date of Documen	nt)		
		ncorrect statement,				
	NCORI	RECT 1	FEI NU	MBER	20-2141	869
						_
			<del>-</del>			<del></del>
						_
	·					_
Correct th	sa inaaanraass i	noorroot statomant	on defeat.			
	•	ncorrect statement,	Numbi	En 20-	-067156	2
	KKECI	15-	NUMB	LVE OU	001106	2
						<del></del>
						<del></del>
					:	
•						_
						<del></del>
-	***			<del></del>		_
		M-W. H	bla			
		(Signature of a director, presid	lent or other officer - if directo rporator - if in the hands of the	rs or officers have receiver, trustee, or	-	
M.A	W. GILL	LAUD		DVA	) <del></del>	
		name of person signing)		(Titl	e of person signing)	_

Filing Fee: \$35.00