

N05000000272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

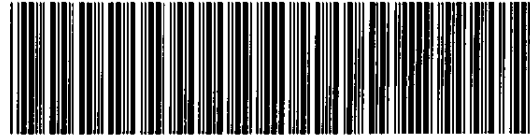
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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400212213594

11/03/11--01018--020 \*\*43.75

*Amend*

FILED  
11 NOV 18 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Mt. Olive Shores North II Owners Association**

**405 Nolane Lane**

**Polk City, FL 33868**

**Telephone 863-874-4811 Fax 863-874-4812**

November 16, 2011

Florida Dept. of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Letter #011A00025104

Att: Tina Roberts  
Regulatory Specialist II

Dear Tina:

Attached please find correct document for filing Articles of Amendment. Thank you for your help in this matter.

Sincerely,



Michael W. Gilliland  
Mt. Olive Shores North II Owners Association

RECEIVED  
11 NOV 18 AM 8:31  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2011

MICHAEL W. GILLILAND  
MT OLIVE SHORES NORTH 11 OWNERS' ASSOCIA  
405 NOLANE LANE  
POLK CITY, FL 33868

SUBJECT: MT. OLIVE SHORES NORTH II OWNERS' ASSOCIATION, INC.  
Ref. Number: N05000000272

We have received your document for MT. OLIVE SHORES NORTH II OWNERS' 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.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 011A00025104

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MT OLIVE SHORES NORTH II OWNERS' ASSOCIATION INC.

**DOCUMENT NUMBER:** N05000000272

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

Please return all correspondence concerning this matter to the following:

MICHAEL GILLILAND

(Name of Contact Person)

MT OLIVE SHORES NORTH II OWNERS' ASSOCIATION INC.

(Firm/ Company)

405 NOLANE LANE

(Address)

POLK CITY, FLORIDA 33868

(City/ State and Zip Code)

mosnoa2@yahoo.com

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

For further information concerning this matter, please call:

Michael Gilliland

(Name of Contact Person)

at ( 860 ) 3342094

(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

Articles of Amendment  
to  
Articles of Incorporation  
of

MT. OLIVE SHORES NORTH II OWNERS' ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000000272

(Document Number of Corporation (if known))

FILED  
11 NOV 18 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**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: Michael W. Gilliland

405 Nolane Lane

(Florida street address)

New Registered Office Address:

Polk City

(City)

, Florida 33868

(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.

  
Signature of New Registered Agent, if changing

**If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.**

*(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)*

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>DP</u>	<u>MICHAEL W GILLILAND</u>	<u>330 NOLANE LANE</u> <u>POLK CITY, FL 33868</u>
2) <u>DVPS</u>	<u>RICHARD MCNALLY</u>	<u>521 HOMECOMING WAY</u> <u>POLK CITY, FL 33868</u>
3) <u>DVPT</u>	<u>DOUGLAS ATWOOD</u>	<u>609 SAYGE DRIVE</u> <u>POLK CITY, FL 33868</u>
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

**If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>DP</u>	<u>DOUGLAS BURROWS</u>	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

[illegible]

The date of each amendment(s) adoption: 11-16-11

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 11/16/2011  
Signature Michael W. Gilliland  
(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)

MICHAEL W GILLILAND  
(Typed or printed name of person signing)

DIRECTOR PRESIDENT  
(Title of person signing)