

**N05000000272**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

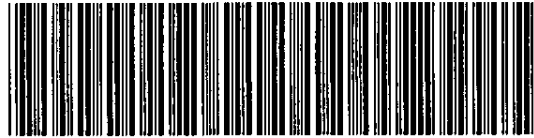
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FILED  
2012 MAR 20 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend*

MAR 21 2012

T. BROWN

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MT. OLIVE SHORES NORTH 11 OWNERS' ASSOCIATION  
INC.

DOCUMENT NUMBER: N 05 000 000 272

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

Please return all correspondence concerning this matter to the following:

Edward Bland  
(Name of Contact Person)

MT. OLIVE SHORES NORTH 11 OWNERS' ASSOCIATION, INC.  
(Firm/ Company)

405 NOLANE LANE  
(Address)

PAIK CITY, FL 33868  
(City/ State and Zip Code)

mosnoa2 mgr @ yahoo. com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAT Kloss at ( 863 ) 874-4811  
(Name of Contact Person) (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

March 5, 2012

MT. OLIVE SHORES NORTH II OWNERS' ASSOCIATION, INC.  
EDWARD BLAND  
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):

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

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) 245-6050.

Teresa Brown  
Regulatory Specialist II

Letter Number: 512A00008492

Articles of Amendment  
to  
Articles of Incorporation  
of

ML Olive Shores North II Owners' Association, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

NO5000000272  
(Document Number of Corporation (if known))

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: Edward Bland

New Registered Office Address: 405 Nolane Lane  
(Florida street address)

Polk City, Florida 33868  
(City) (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]  
Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

FILED

**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>Edward Blano</u>	<u>632 Meandering Way</u> <u>Polk City, FL 33868</u>
2) <u>DVT</u>	<u>David Le Blanc</u>	<u>548 Meandering Way</u> <u>Polk City, FL 33868</u>
3) <u>DVPS</u>	<u>Nicholas Amendola</u>	<u>488 Meandering Way</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>Michael W. Gilliland SA</u>	_____	_____
2) <u>DVPS</u>	<u>Joseph Brewer</u>	5) _____	_____
3) _____	_____	6) _____	_____

[illegible]

The date of each amendment(s) adoption: 3-5-12  
(date of adoption- 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 \_\_\_\_\_

Signature \_\_\_\_\_

(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)

EDWARD BLAND

(Typed or printed name of person signing)

DIRECTOR, President

(Title of person signing)