

NO 500000 2965

Nov 2, 2012 4:06 PM
Division of Corporations

No. 1197 P. 1 of 1
Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H120002065113ABCS

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : PAUL A. KRASKER, P.A.
Account Number : I20090000078
Phone : (561) 515-2930
Fax Number : (561) 515-2939

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 AUG 16 PM 2:34

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Tpiercy@mc.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
MAGNOLIA SQUARE OF FT. PIERCE HOMEOWNERS'
ASSOCIATIO

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Amend

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FLORIDA
DIVISION OF CORPORATIONS

Please use Submission of August 16, 2012.

Thanks

Electronic Filing Menu

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NOV 06 2012

Nov. 2, 2012 4:06PM

No. 1197 P. 2
P. 1

* * * Communication Result Report (Aug. 16, 2012 1:20PM) * * *

1}

Date/Time: Aug. 16, 2012 1:12PM

File	No. Mode	Destination	Pg(s)	Result	Page Not Sent
0835	Memory TX	18506176380	P. 6	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size

Division of Corporations

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Florida Department of State
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TO: Division of Corporations
Fax Number: (850) 417-4100

FROM: Account Name: MGT. A. PRASER, P.A.
Account Number: 22009900070
Phone: (850) 613-2530
Fax Number: (850) 613-2525

Enter the email address for this business entity to be used for future email report postings. Enter only one email address please.

Email Address: Piercy@mc.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
MAGNOLIA SQUARE OF FT. PIERCE HOMEOWNERS'
ASSOCIATION

Certification Status	0
Verified Copy	0
Page Count	01
Estimated Charge	\$35.00

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<https://efile.flcourts.org/scripts/efile/vf.asp>

8/16/2012

Nov. 6, 2012 10:46AM
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11/5/2012 11:08:58 AM PAGE

1/001

Fax No. 1204 P. 1



November 5, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MAGNOLIA SQUARE OF FT. PIERCE HOMEOWNERS' ASSOCIATION,
135 SE FIFTH AVENUE
202
DELRAY BEACH, FL 33483

SUBJECT: MAGNOLIA SQUARE OF FT. PIERCE HOMEOWNERS' ASSOCIATION, INC.
REF: N05000002965

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H12000206511
Letter Number: 112A00026861

RECEIVED
12 NOV -6 AM 8:10
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Nov. 6. 2012 10:47AM

No. 1204 P. 2
H120002065113

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MAGNOLIA SQUARE OF FT. PIERCE HOMEOWNERS' ASSOCIATION, INC.

DOCUMENT NUMBER: N05000002965

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

Please return all correspondence concerning this matter to the following:

Tyler Piercy

(Name of Contact Person)

(Firm/ Company)

601 NE 36th Street, #CU3

(Address)

Miami, FL 33137

(City/ State and Zip Code)

Tpiercy@me.com

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

For further information concerning this matter, please call:

Tyler Piercy

(Name of Contact Person)

at 407 267-3736

(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

H120002065113

Nov. 6. 2012 10:47AM

No. 1204 P. 3
H120002065113

Articles of Amendment
to
Articles of Incorporation
of

MAGNOLIA SQUARE OF FT. PIERCE HOMEOWNERS' ASSOCIATION, INC.

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

N05000002965

(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:

N/A

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)

601 NE 36th Street #CU3

Miami, FL 33137

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

601 NE 36th Street #CU3

Miami, FL 33137

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:

Georgi Zaczao, Jr.

601 NE 36th Street #CU3

(Florida street address)

New Registered Office Address:

Miami

(City)

Florida 33137

(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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

H120002065113

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change	<u>PT</u>	<u>John Doe</u>
☒ Remove	<u>V</u>	<u>Mike Jones</u>
☒ Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☒ Remove	<u>PD</u>	<u>Thomas F. Carney, Jr.</u>	<u>135 SE Fifth Avenue, Ste 202</u> <u>Delray Beach, FL 33483</u>
2) ☐ Change ☒ Add ☐ Remove	<u>PTD</u>	<u>Georgi Zaczac, Jr.</u>	<u>601 NE 36th Street #CU3</u> <u>Miami, FL 33137</u>
3) ☐ Change ☐ Add ☒ Remove	<u>VSD</u>	<u>Peter H. Carney</u>	<u>135 SE Fifth Avenue, Ste 202</u> <u>Delray Beach, FL 33483</u>
4) ☐ Change ☒ Add ☐ Remove	<u>VSD</u>	<u>Tyler Piercy</u>	<u>601 NE 36th Street #CU3</u> <u>Miami, FL 33137</u>
5) ☐ Change ☐ Add ☒ Remove	<u>TD</u>	<u>David Bauer</u>	<u>135 SE Fifth Avenue, Ste 202</u> <u>Delray Beach, FL 33483</u>
6) ☐ Change ☒ Add ☐ Remove	<u>D</u>	<u>Chris Mangum</u>	<u>One Atlantic Center</u> <u>1201 West Peachtree Street</u> <u>Atlanta, GA 30309-3424</u>

Nov. 6. 2012 10:47AM

H120002065113

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

H120002065113

Nov. 6. 2012 10:47AM

H/2000 No. 120406P. 6/13

The date of each amendment(s) adoption: August 13, 2012
Effective date (if applicable): August 13, 2012
(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 August 13, 2012

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court-appointed fiduciary by that fiduciary)

Georgi Zaczac, Jr.

(Typed or printed name of person signing)

President

(Title of person signing)

H/20002065113