

ND5000006886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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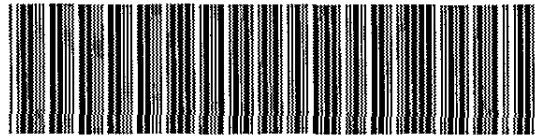
(Business Entity Name)

(Document Number)

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09/06/06--01015--013 \*\*43.75

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2006 SEP -6 AM 1:49  
*Name Change*  
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RECEIVED  
06 SEP -6 AM 11:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*ADR*  
*9/6/06*

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:**      KATIE WONSCH

**DATE:**            09/06/06

**REF. #:**           001227.56959

**CORP. NAME:**   CELERY ESTATES NORTH HOMEOWNERS ASSOCIATION, INC.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

**STATE FEES PREPAID WITH CHECK#** 518375 **FOR \$** 43.75

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> CERTIFIED COPY                   | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS |   |  |

*Examiner's Initials*

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DIVISION OF CORPORATIONS  
2006 SEP -6 PM 1:49

Articles of Amendment  
to  
Articles of Incorporation  
of

Celery Estates North Homeowners Association, Inc.

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

N05000006886

(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:

**NEW CORPORATE NAME (if changing):**

Isabella Cove Homeowners Association, Inc.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article IV Principal Office - The principal office of the Association is amended and is located  
at 101 Southhall Lane, Suite 400, Maitland, Florida, 32751.

Article V Registered Office and Agent - The address of the Registered Agent is 101 Southhall  
Lane, Suite 400, Maitland, Florida, 32751

Article XII Incorporator - The address of the Incorporator is 101 Southhall  
Lane, Suite 400, Maitland, Florida, 32751

(Attach additional pages if necessary)  
(continued)

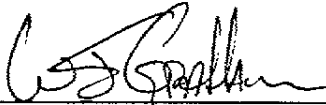
The date of adoption of the amendment(s) was: August 29, 2006

Effective date if applicable: N/A  
(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 was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

William J. Graham

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

**FILING FEE: \$35**