

No 5000009023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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MAR - 1 AM 11:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Amend
C.COULLETTE
03-01-11
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BERMUDA LINKS CONDOMINIUM ASSOC, INC

DOCUMENT NUMBER: N05000009023

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

Please return all correspondence concerning this matter to the following:

DIANA CARR

Name of Contact Person

ABILITY MANAGEMENT, INC

Firm/ Company

6736 LONE OAK BLVD

Address

NAPLES, FL 34116

City/ State and Zip Code

diana@abilityteam.com

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

For further information concerning this matter, please call:

DIANA CARR

Name of Contact Person

at (239)

591-4200

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

Bermuda Links Condominium Association, Inc.

C/O Ability Management, Inc.
6736 Lone Oak Blvd.
Naples, FL 34109-6834

Phone: 239-591-4200

Fax: 239-596-1919

February 23, 2011

Ms. Cheryl Coulliette
Regulatory Specialt !!
Florida Dept of State
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Letter #: 111A00001415

Doc #: N05000009023

Ms. Coulliette:

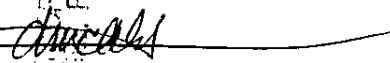
Attached is a copy of the above referenced letter, along with the correct Articles of Amendment pursuant to chapter 617, Florida Statutes per your request.

We have not enclosed a check for the \$35 filing fee as the check paying the filing fee (copy enclosed) submitted with the original document was not returned with the document correction request letter and has cleared our bank.

Please process this amendment request at your earliest opportunity. If you have any questions, or require additional documentation, please contact me at 239-591-4200.

Thank you for your assistance in this matter.

Sincerely,



Diana M. Carr
Accounting Dept.

RECEIVED

11 MAR - 11 AM 8:13

SECRET
TALLAHASSEE
FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2011

DIANA CARR
ABILITY MANAGEMENT, INC.
6736 LONE OAK BLVD
NAPLES, FL 34116

SUBJECT: BERMUDA LINKS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000009023

We have received your document for BERMUDA LINKS CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 111A00001415

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BERMUDA LINKS CONDOMINIUM ASSOC, INC

DOCUMENT NUMBER: N05000009023

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

Please return all correspondence concerning this matter to the following:

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Name of Contact Person

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Firm/ Company

6736 LONE OAK BLVD

Address

NAPLES, FL 34116

City/ State and Zip Code

diana@abilityteam.com

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

For further information concerning this matter, please call:

DIANA CARR

Name of Contact Person

at (239)

591-4200

Area Code & Daytime Telephone Number

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☒ \$35 Filing Fee

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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

BERMUDA LINKS CONDOMINIUM ASSOCIATION, INC.

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

NO500000 9023

(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:

New Registered Office Address:

(Florida street address)

_____, Florida
(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 of New Registered Agent, if changing

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR - 1 AM 11:46

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
T	JOHN SIRAGUSA	770 E PEARSON ST. #604 DES PLAINES, IL 60016	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	ROBERT MOORE	26800 ROSEWOOD POINTE LN UNIT# 203 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	JAMES HOLLAND	9601 ROSEWOOD POINTE TER UNIT 202 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>WILLIAM GRAHAM</u>	<u>9600 ROSEWOOD POINTE TER</u> <u>UNIT 104</u> <u>BONITA SPRINGS, FL 34135</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>S</u>	<u>STEVE JOHNSON</u>	<u>97 GROVELAND AVE</u> <u>SOUTH WEYMOUTH, MA</u> <u>02190</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>JULIAN GARCIA</u>	<u>9600 ROSEWOOD POINTE TER</u> <u>UNIT 205</u> <u>BONITA SPRINGS, FL 34135</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
T	INGRID BERTO	36 HOLDEN DR. BOX 866 NOBLETON, ONTARIO CANADA LOG 1N0	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	ROCCO DELUCA	3988 ELLENDALE RD CHAGRIN FALLS, OH 44022	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: APRIL 5, 2010
(date of adoption is required)
Effective date if applicable: APRIL 5, 2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

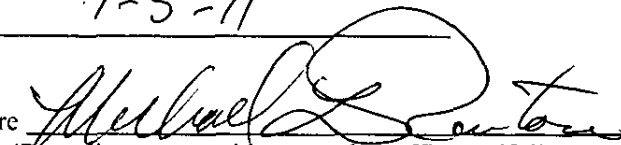
☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

1-5-11

Signature



(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MICHAEL L. PRESTON

(Typed or printed name of person signing)

BERMUDA LINKS ASSOC. PRESIDENT

(Title of person signing)