

005089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

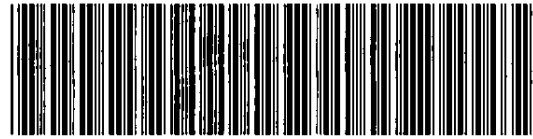
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400182947164

07/12/10--01012--011 **35.00

10 AUG - 2 PM 4: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Amen
8/3/10
TL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOMERSET VIEW CONDOMINIUM ASSOCIATION INC.

DOCUMENT NUMBER: NO5089

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

Please return all correspondence concerning this matter to the following:

Jose F. Rodriguez
(Name of Contact Person)

SOMERSET VIEW CONDO ASSOCIATION
(Firm/ Company)

3403 HANCOCK BRIDGE PKWY UNIT #1
(Address)

NORTH FORT MYERS, FL. 33903
(City/ State and Zip Code)

KMRHOMES@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose F. Rodriguez at (239) 246.7497
(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)

Already on
File.

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

July 23, 2010

J RODRIGUEZ 2ML
3403 HANCOCK BRIDGE PKWY UNIT 1
FT MYERS, FL 33903

SUBJECT: SOMERSET VIEW CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05089

We have received your document for SOMERSET VIEW CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. 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.

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) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 710A00017030

RECEIVED
MAILING-2
AUG 2 11 16:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Somerset View Condominium Association Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N05089
(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**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

3403 Hancock Bridge Pkwy
#1
NORTH FORT MYERS, FL. 33903

"CORRECT CITY" →

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

APPROVED AND FILED
10 AUG - 2 PM 4: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input 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)

1- correct the spelling of the last name
for the president.
last name is "ZAPATA" only one "T"

2- correct middle initial of the V.P.
middle initial is "I" like IVOEY
currently it is "F".

The date of each amendment(s) adoption: 7/28/10

(date of adoption is required)

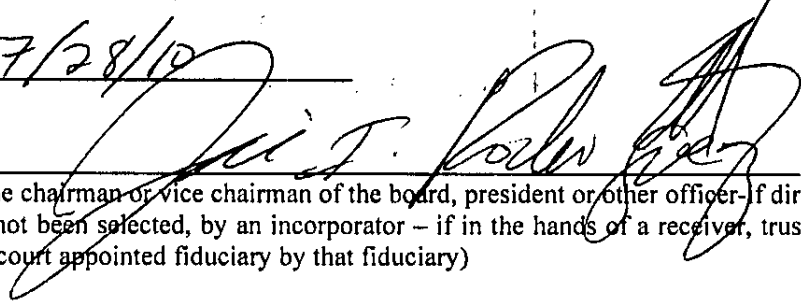
Effective date if applicable: N/A

(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(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 7/28/10

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)

José I. Rodríguez
(Typed or printed name of person signing)

Vice President
(Title of person signing)