(Requestor's Name)		
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
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SECRETARY OF STATE
BIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Fisherman's C	ove Homeowners Asso	ociation, Inc.
DOCUMENT NUMI	BER: N06000002083		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
		n P. Striano	
	(Name of	Contact Person)	
	Fisherman's Cove Ho	meowners Association, Inc	
	(Firm	/ Company)	
	11601	Cove Lane	
<u> </u>	(1)	Address)	
	Dade C	ity, Fl 33525	
	(City/ Stat	te and Zip Code)	
		ampabay.rr.com d for future annual report notifica	ation)
For further informatio	n concerning this matter, please	e call:	
Vivian P. Striano		at (352) 567-930	7
(Name o	of Contact Person)	at (352) 567-930 (Area Code & Daytir	ne Telephone Number)
Enclosed is a check fo	r the following amount made p	ayable 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)
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Street Address Amendment Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	· Circle



SUBJECT: FISHERMAN'S COVE HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N06000002083

We have received your document for FISHERMAN'S COVE HOMEOWNERS 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):

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

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 011A00011802

Articles of Amendment Articles of Incorporation of

Articles	of Incorpo	ration	Çļ.
	of		tate)
Fisherman's Cove Homeowners Association, Inc.			差。
(Name of Corporation as currently	y filed with	the Florida Dept. of S	tate)
	0002083		
(Document Number	of Corporat	ion (if known)	
dursuant to the provisions of section 617.1006, Flone following amendment(s) to its Articles of Incomp	rida Statutes poration:	, this <i>Florida Not For</i> .	Profit Corporation ac
. If amending name, enter the new name of the	e corporatio	<u>n:</u>	
The new name must be distinguishable and conta libbreviation "Corp." or "Inc." "Company" or "Com			corporated" or the
B. Enter new principal office address, if applica	ble:	11601 Cove Ln.	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		Dade City, Fl 33525	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BAV)	11601 Cove Ln.	
(maining unaress MAY BE A POST OFFICE)	<u> </u>	Dade City, FI 33525	
		Dade Oity, 11 000.	20
I Commandian the manifester of a contract of	-44-	- J.J	
. If amending the registered agent and/or registered agent and/or the new registered			iter the name of the
Name of New Registered Agent:	Vivia	n P. Striano	
	116	601 Cove Ln	
New Registered Office Address:		ida street address)	
		ade City	, Florida 33525
		 	(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

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>	Address	Type of Action
SD	Sharon Henry	11548 Cove Lane	DAdd
		Dade City, Fl 33525	Remove
<u>D</u>	Elsie Currier	11624 Cove Lane	D_Add
		Dade City, FI 33525	Remove
SD	Elsie Currier	11624 Cove Lane	🗹 Add
		Dade City, Fl 33525	
E. If amer	nding or adding additional Article additional sheets, if necessary).	es, enter change(s) here: (Be specific)	Sitional
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		/	
			
			•
		The state of the s	

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>	Name	Address	Type of Action
D	Neal Rousseau	36106 Bass Drive	Add
-		Dade City, FI 33525	☐ Remove
			Add
			☐ Remove
F Ifamen	ding or adding additional Articles	anter change(s) here:	
(attach a	dditional sheets, if necessary). (B	e specific)	, ·
		The state of the s	
	,		
			·····
•			
		/	
			· · · · · · · · · · · · · · · · · · ·
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/			

The date of each amendment(s) a		2011
Effective date <u>if applicable</u> :	(fate of adoption is req	uired)
	(no more than 90 days after amend	lment file date)
Adoption of Amendment(s)	(CHECK ONE)	<i>j</i> *
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of	of votes cast for the amendment(s)
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s	s). The amendment(s) was/were
Dated	2/11	
Signature	war 4. S	Sear
have not	chairman or vice chairman of the board, been selected, by an incorporator — if art appointed fiduciary by that fiduciary	in the hands of a receiver, trustee, or
	(Typed or printed name of pers	TRIANO
	//	ident
	(Title of person signing)	

Page 3 of 3