## N06000003589

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	<del></del> .
Certified Copies Certificates of Status	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	lm Aire Condo	minium Association, Inc
DOCUMENT NUMBER: NO6000035	89	
The enclosed Articles of Amendment and fee are submit	ted for filing.	
Please return all correspondence concerning this matter t	to the following:	
Kasey Stilson		
(r	Name of Contact Person	)
Incore Residential		
	(Firm/ Company)	
P.O. Box 60195		
	(Address)	
Fort Myers, Florida 33906	6	
(0	City/ State and Zip Code	)
kstilson@incoreres		
E-mail address: (to be used for further information concerning this matter, please ca	•	otification)
	222	000 0500
Kasey Stilson	at (239	<u>, 603-8589</u>
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ible to the Florida Depa	rtment of State:
\$35 Filing Fee \$\sum \text{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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

FILED

## Articles of Amendment to Articles of Incorporation

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SEMELANT OF STATE

Tradition At Palm Aire Condominium	m Association, Inc.
(Name of Corporation as currently filed with the F	Florida Dept. of State)
N0600003589	
(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor. N/A	
•	The new pration" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	ration of morporation of the approximation cosp. of the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRES	( <u>2</u> :
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 60195
	Fort Myers, Florida 33906
	The state of the s
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	e address:
Name of New Registered Agent: N/A	
	(Florida street address)
New Registered Office Address:	
	, Florida
(Cii	(ty) (Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:
I hereby accept the appointment as registered agent. I am	
Signature of New Por	raistaved Agent if changing

Page 1 of 4

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: X Change X Remove X Add	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check Onc)	Title	Name	<u>Addres</u> s
1) Change	<u>P</u>	H. LeBaron Preston	334 Broadway
X_Add			Providence, RI 02909
Remove			
2) Change		Christopher Bechtel	8458 Gardens Circle #12
Add			Sarasota, Florida 34243
X Remove 3) Change	<u> </u>	Michael Giuliano	334 Broadway
X Add			Providence, RI 02909
Remove			
4) X Change	ST	Kenneth Marshall	32 Costa Street
Add			N. Dartmouth, MA 02747
Remove			
5) Change	STD	Justin Selph	8450 Gardens Circle #08
Add			Sarasota, Florida 34243
_X_Remove			
6) Change			
Add			
Remove			

			nange(s) here: )		
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The date of each amendment(s) adoption: May 7th, 2012	
iffective date if applicable: May 7th, 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 May 7th, 2012	
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)	_
H. LeBaron Preston	
(Typed or printed name of person signing)	
President	
(Title of person signing)	