

NO60000007245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

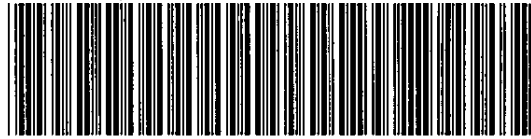
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800222968448

02/28/12--01011--027 **35.00

Amns

FILED
2012 MAR 16 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 16 2012
T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 29, 2012

DONNA CLAWSON
COBLESTONE AT EAGLE HARBOR CONDO
1717 COUNTY RD 220 CLUBHOUSE
ORANGE PARK, FL 32003

SUBJECT: COBBLESTONE AT EAGLE HARBOR CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N06000007245

We have received your document for COBBLESTONE AT EAGLE HARBOR 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):

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 show address for officers 1-4.

Please return your document, along with a copy of this letter, within 60 days^c or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 112A00008224

12 MAR 13 3:18

STATE
TALLAHASSEE
FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Cobblestone At Eagle Harbor Condominium Association, Inc

DOCUMENT NUMBER: N06000007245

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

Please return all correspondence concerning this matter to the following:

Donna Clawson, LCAM Association Manager

(Name of Contact Person)

Cobblestone At Eagle Harbor Condominium Association, Inc.

(Firm/ Company)

1717 County Road 220 Clubhouse

(Address)

Orange Park, Florida 32003

(City/ State and Zip Code)

dclawson@kwpropertymanagement.com

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

For further information concerning this matter, please call:

Donna Clawson, LCAM

(Name of Contact Person)

at (904) 215-1493

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

COBBLESTONE AT EAGLE HARBOR CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO 600000 7245

(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:

NO CHANGE 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:

NO CHANGE

(Florida street address)

New Registered Office 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

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 PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|---|-----------|-----------------|--|
| 1) <u> </u> Change <u> </u> Add <u>X</u> Remove | <u>P</u> | Brian Connolly | 1717 County Road 220 Fleming Island, FL 32003 |
| 2) <u> </u> Change <u> </u> Add <u>X</u> Remove | <u>VP</u> | Mark Detardo | 1634 Waters Edge Drive Fleming Island, FL 32003 |
| 3) <u> </u> Change <u> </u> Add <u>X</u> Remove | <u>S</u> | Allison Davis | 1717 CR 220 Fleming Island, FL 32003 |
| 4) <u> </u> Change <u> </u> Add <u>X</u> Remove | <u>T</u> | Gary Spearin | 1717 County Road 220 Fleming Island, FL 32003 |
| 5) <u> </u> Change <u>X</u> Add <u> </u> Remove | <u>P</u> | David Bernstein | 1717 County Rd 220 Clubhouse Fleming Island, Florida 32003 |
| 6) <u> </u> Change <u>X</u> Add <u> </u> Remove | <u>VP</u> | Erik Fabrikant | 1717 County Rd 220 Clubhouse Fleming Island, Florida 32003 |

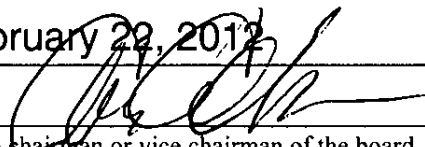
The date of each amendment(s) adoption: August 11, 2011

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

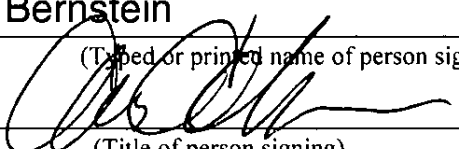
- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

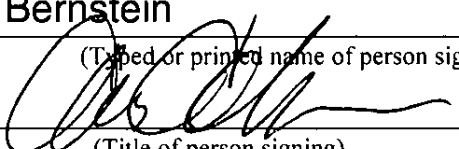
Dated February 22, 2012

Signature  PRESIDENT

(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)

David Bernstein


(Typed or printed name of person signing)


(Title of person signing)