# N000000885

(Re	equestor's Name)	<del></del>
(Ac	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Suscin Change Addition	Advis	sed to upal 3

Office Use Only



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TALLAHASSEE: FLORIDA

Amendallo

#### ECOVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Hollybrook at	TwinEagles Homeown	ers Association Inc
DOCUMENT NUM	BER: <u>N06000008895</u>		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
-		en Bloom	
	(Name o	f Contact Person)	
	KEB Man	agement Services	
<del>-</del>	(Fire	m/ Company)	
	6017 Pine Ri	dge Road, Suite 262	
	(	(Address)	
	Naple	es, FL 34119	
<del></del>	(City/ Sta	ate and Zip Code)	
		@kebmgnt.com	
		ed for future annual report notific	cation)
For further information	on concerning this matter, pleas	se call:	
Ken Bloom		at ( 239 ) 262-139	96
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount made	payable to the Florida Departmen	nt 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)
	ng Address adment Section	Street Address Amendment Section	,
	ion of Corporations	Division of Corporation	ons
	Box 6327	Clifton Building	
Tallah	nassee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 24, 2010

KEN BLOOM KEB MANAGEMENT SERVICED 6017 PINE RIDGE ROAD - SUITE 262 NAPLES, FL 34119

SUBJECT: HOLLYBROOK AT TWINEAGLES HOMEOWNERS ASSOCIATION,

INC.

Ref. Number: N06000008895

We have received your document for HOLLYBROOK AT TWINEAGLES 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):

PLEASE COMPLETE THE FORM IN ITS ENTIRETY.

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

Your annual report must list the same general partner(s) as shown onthe Department of State's records. You may access the Department of State's records at www.sunbiz.org. To change the general partner(s), youmust file an amendment and pay the appropriate filing fee. Enclosed please find the appropriate form and instructions.

The document must have original signatures.

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: 010A00027584

## Articles of Amendment to Articles of Incorporation of

### Hollybrook at TwinEagles Homeowners Association, Inc (Name of Corporation as currently filed with the Florida Dept. of State)

### N06000008895

(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:

ne new name must be distinguishable an obreviation "Corp." or "Inc." <u>"Compan</u>		"corporation" or "incorporated" or the
Enter new principal office address, if rincipal office address	applicable:	1725 TunEagles Naples, FL 34120
	11.	
. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		6017 Pine Ridge Road, Suite 262
(Mailing address <u>MAY BE A POST OF</u>	FFICE BOX)	Naples, FL 34119
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX) or registered office registered office ad	Naples, FL 34119  address in Florida, enter the name of the
(Mailing address MAY BE A POST OF	FFICE BOX)  or registered office registered office ad	Naples, FL 34119  address in Florida, enter the name of the dress:
(Mailing address MAY BE A POST OF	or registered office registered office ad h	Naples, FL 34119  address in Florida, enter the name of the dress:  (en Bloom
. If amending the registered agent and/new registered agent and/or the new registered of New Registered Agent:	or registered office registered office ad h	Naples, FL 34119  address in Florida, enter the name of the dress:  Gen Bloom idge Road, Suite 262

Page 1 of 3

### 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
Pres	Anthony Solomon	3185 Horseshoe Drive South Naples, FL 34104	_ ☑ Add _ □ Remove
VPres	Mark Taylor	3185 Horseshoe Drive South Naples, FL 34104	_ ☑ Add _ ☐ Remove
Sec/T	Karen Welks	3185 Horseshoe Drive South Naples, FL 34104	☑ Add _ □ Remove
	ling or adding additional Articles.  Idditional sheets, if necessary). (Bo		
		·	

Title	Name	Address	Type of Action
Director	Don Doolittle	6150 State Road 70 Bradenton, FL 34203	
PD	Scott Brooks	6150 State Road 70 Bradenton, FL 34203	Remove
VD	Felipe Gonzalez	6150 State Road 70 Bradenton, FL 34203	Remove

The date of each amendment(s) ado	ption: October 1, 2010
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
	%
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)
There are no members or member adopted by the board of directors.	rs entitled to vote on the amendment(s). The amendment(s) was/were
Dated 12-	9-10
Signature	un & Wellor
(By the cha	nirman or vice chairman of the board, president or other officer-if directors
	een selected, by an incorporator - if in the hands of a receiver, trustee, or
other court	appointed fiduciary by that fiduciary)
	Horan E. Wells
	(Typed or printed name of person signing)
	Secretary) Troasurer
######################################	(Title of person signing)