N06000008895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

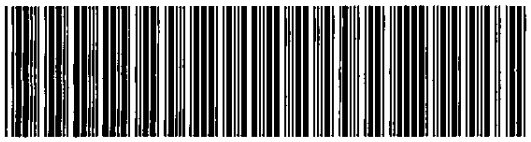
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Susan Advised to Change principal Address to:
11725
Twin Eagles Blvd
Naples 34120

Office Use Only



700187863387

11/22/10--01004--013 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 DEC 16 AM 10:57

Amend
12/17/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hollybrook at TwinEagles Homeowners Association Inc

DOCUMENT NUMBER: N06000008895

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

Please return all correspondence concerning this matter to the following:

Ken Bloom
(Name of Contact Person)

KEB Management Services
(Firm/ Company)

6017 Pine Ridge Road, Suite 262
(Address)

Naples, FL 34119
(City/ State and Zip Code)

bloomk@kebmgnt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ken Bloom at (239) 262-1396
(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)

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

RECEIVED
10 DEC 16 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 DEC 16 AM 10:57

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:

A. If amending name, enter the new name of the corporation:

*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)

11725 TwinEagles Blvd
Naples, FL 34120

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

6017 Pine Ridge Road, Suite 262
Naples, FL 34119

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: Ken Bloom

New Registered Office Address: 6017 Pine Ridge Road, Suite 262
(Florida street address)

Naples, Florida 34119
(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)

Title	Name	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/Tr	Karen Welks	3185 Horseshoe Drive South Naples, FL 34104	☑ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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) adoption: 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 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 12-9-10

Signature Karen E Wells
(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)

Karen E. Wells
(Typed or printed name of person signing)

Secretary / Treasurer
(Title of person signing)