NDWDDDD8902

(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: SUDAN ACTIVISED FOR CHARGE PRINCIPAL ACTIVITY ACTIVITY Naples F1 3420 Special Instructions to Filing Officer: Supplementation of Filing Officer: Supplementation o

Office Use Only



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SECRETARY OF SIMILIFICATION OF TALLAHASSEE FLORID

Amund (10/10/10)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Wicklow at Tu	vinEagles H	omeoners	Association, INC
DOCUMENT NUM	BER: N06000008902			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing	; ;•	
Please return all corre	espondence concerning this ma	ter to the followi	ing:	
		en Bloom		
	(Name o	f Contact Person)	ŀ	
	KEB Mana	ngement Servi	ces	
	(Firm	n/ Company)		
_	6017 Pine Ric	lge Road, Suit	te 262	
	(Address)		
	Naple	s, FL 34119		
	(City/ Sta	te and Zip Code)	1	
	bloomk@ E-mail address: (to be use	kebmgnt.com		cation)
For further information	on concerning this matter, pleas	e call:		
Ken Bloom		at (239) 262-13	96 ime Telephone Number)
(Name	of Contact Person)	(Area	a Code & Dayt	ime Telephone Number)
Enclosed is a check for	or the following amount made p	ayable to the Flo	rida Departme	nt of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Fit Certified Cop (Additional of enclosed)	py copy is	☐ \$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		Ame Divis Clifto 2661	et Address ndment Section sion of Corporation on Building Executive Cent hassee, FL 3230	er Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 24, 2010

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

SUBJECT: WICKLOW AT TWINEAGLES HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N06000008902

We have received your document for WICKLOW 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.

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

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: 210A00027605

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

Wicklow at TwinEagles Homeowners Association, INC (Name of Corporation as currently filed with the Florida Dept. of State)

N06000008902

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopte the following amendment(s) to its Articles of Incorporation:

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

abbreviation "Corp." or "Inc." <u>"Company</u> B. Enter new principal office address, if a (Principal office address MUST BE A STR)	pplicable: 11705TM		winEagle
rincipai office address <u>MOST DE A STR</u>	(LET ADDRESS)	Naples, FL 3412	20
. Enter new mailing address, if applica	ıble:	0047 B' B' L	D 1 0 11 000
(Mailing address MAY BE A POST OF	FFICE BOX)	6017 Pine Riage	Road, Suite 262
(
. If amending the registered agent and/			
	registered office ad	e address in Florida,	
. <u>If amending the registered agent and/</u> new registered agent and/or the new r	registered office ad	e address in Florida, dress:	enter the name of th
. If amending the registered agent and/ new registered agent and/or the new r	registered office ad h 6017 Pine F	e address in Florida, dress: Ken Bloom	enter the name of th
o. If amending the registered agent and/new registered agent and/or the new registered agent and/or the new registered Agent:	registered office ad h 6017 Pine F	e address in Florida, dress: Ken Bloom Ridge Road, Suite	enter the name of th

Page 1 of 3

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
Pres	Anthony Solomon	3185 Horseshoe Drive South Naples, FL 34104	_ ☑ Add _ □ Remove
<u>VPres</u>	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, enditional sheets, if necessary). (Be s		
	0		

Title	Name	Address	Type of Action
Director	Robert Lowry	6150 State Rd 70 Bradenton, FL 34203	
Director	Meyer Cheikin	6150 State Rd 70 Bradenton, FL 34203	
DP	Scott Brooks	6150 State Rd 70 Bradenton, FL 34203	Remove
DVP	Felipe Gonzalez	6150 State Rd 70 Bradenton, FL 34203	Remove

The date of each amendment(s) a	doption: October, 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 adwas/were sufficient for approval	dopted by the members and the number of votes cast for the amendment(s) l.
There are no members or members adopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated <i>18</i>	N-9-10
Signature	foren & Wellis
have not	chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator — if in the hands of a receiver, trustee, ourt appointed fiduciary by that fiduciary)
_	(Typed or printed name of person signing)
_	Secretary Treasurer (Title of person signing)

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