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COR AMND/RESTATE/CORRECT OR O/D RESIGN

CORY LAKE ISLES TOWNHOMES ASSOCIATION, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: CORY LAKE ISLES TOWNHOMES ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: NO7000002248 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PATRICE M. JOHNSTON (Name of Contact Person) AVATAR PROPERTIES INC. (Firm/Company) 201 ALHAMBRA CIRCLE, 12TH FL (Address) CORAL GABLES, FL 33134 (City/State and Zip Code) For further information concerning this matter, please call: PATRICE M. JOHNSTON 305 3442 7000 x2214 (Name of Contact Person) Enclosed is a check for the following amount: ☐ \$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status \$52.50 Filing Fee, Certificate of Status & Certified Copy **✓** \$43.75 Filing Fee & Certified Copy **Mailing Address:** Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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ARTICLES OF CORRECTION

for

CORY LAKE ISLES TOWNHOMES ASSOCIATION, INC.

Name of Corporation as currently filed with the Florida Dept. of State

N07000002248

Document Number (if known)

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Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.	1
these Articles of Correction within 30 days of the file date of the document being corrected.	
These articles of correction correct ARTICLES OF AMENDMENT	
(Document Type Being Corrected)	

filed with the Department of State on JUNE 11, 2007 (File Date of D

STATED AS CORY LAKES TOWNHOMES ASSOCIATION, INC.				
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	correct statement, or defect: THE CORPORATION IS HEREBY CO	DRRECTED		
TO DEAD CORY	LAKE ISLES TOWNHOMES ASSOCIA	ATION INC		

Signature of a director, president or other officer if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

JUANITA I. KERRIGAN

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35.00

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