

NO7000004442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

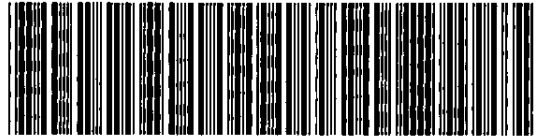
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Ames*  
6/18/09

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LEE COUNTY RESIDENT OWNED COMMUNITIES, INC.

DOCUMENT NUMBER: NO 700000 4442

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

Please return all correspondence concerning this matter to the following:

HERBERT JOHNSON

(Name of Contact Person)

(Firm/ Company)

5517 ADAM DR.

(Address)

NORTH FORT MYERS, FL 33917

(City/ State and Zip Code)

For further information concerning this matter, please call:

HERBERT JOHNSON

(Name of Contact Person)

at (239) 567-7916

(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

Articles of Amendment  
to  
Articles of Incorporation  
of

LEE COUNTY RESIDENT OWNED COMMUNITIES, INC

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

NO7000004442

(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:**

SOUTH WEST FLORIDA RESIDENT OWNED COMMUNITIES, INC.

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/O SCOTT E. GORDON, ESQ  
TWO NORTH TAMiami TRAIL  
SUITE 500  
SARASOTA, FL 34236

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

**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:

SAME AS ABOVE

New Registered Office Address:

(Florida street 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

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TALLAHASSEE FLORIDA

**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>	<u>Address</u>	<u>Type of Action</u>
<u>ST</u>	<u>JULIE TINKHAM</u>	<u>9200 LITTLEON NORTH FORT MYERS, FLORIDA 33903</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>S</u>	<u>JEAN WAGNER</u>	<u>9249 CALOOSA DR NORTH FORT MYERS FLORIDA 33903</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>T</u>	<u>JOHN SCHUELLER</u>	<u>3193 PLUTO CIR NORTH FORT MYERS FLORIDA 33903</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

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Page 2 Additional

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>TYPE OF ACTION</u>
D	BARBARA OLIVEIRA	16555A CLEVELAND NORTH FORT MYERS FLORIDA 33903	ADD

The date of each amendment(s) adoption: FEBRUARY 18, 2009

Effective date if applicable: MAY 1, 2009  
(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 April 17, 2009

Signature Herbert Johnson

(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)

HERBERT JOHNSON

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)