

No 7000005513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

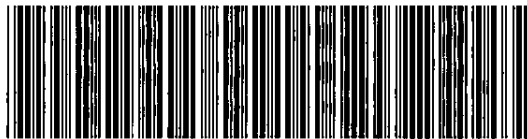
(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



800163406578

12/09/09--01017--017 **43.75

Amens

FILED

09 DEC 21 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 21 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2009

ELIZABETH SCARELLA
LE JARDIN AT HAMMOCK DUNES CONDOM
28 PORTO MAR-
PALM COAST, FL 32137

SUBJECT: LE JARDIN AT HAMMOCK DUNES CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N07000005513

We have received your document for LE JARDIN AT HAMMOCK DUNES CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 909A00037859

2009 DEC 21 11:18:00
FLORIDA
STATE
DEPARTMENT OF
CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Le Jardin at Hammock Dunes Condominium Association

DOCUMENT NUMBER: N070000005513

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

Please return all correspondence concerning this matter to the following:

Elizabeth Scarcella

(Name of Contact Person)

Le Jardin at Hammock Dunes Condo. Association

(Firm/ Company)

28 Porto Mar

(Address)

Palm Coast, FL 32137

(City/ State and Zip Code)

Lejardinathammoc@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liz Scarcella

(Name of Contact Person)

at (386) 447-6182

(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

FILED
09 DEC 21 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Le Jardin at Hammock Dunes Condominium Association, Inc.

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

N070000005513

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(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

(Attach additional sheets, if necessary)

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: November 18, 2009
(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 12/15/09

Signature Howard Broussard
(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)

Howard Broussard
(Typed or printed name of person signing)

President
(Title of person signing)