

10-02-09

12:13

From: Porter Wright Morris &amp; Arthur LLP

2395932991

T-663

P.004/007

F-970

# NO70000012060

Florida Department of State  
Division of Corporations  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**REGAL ACRES HOMEOWNERS ASSOCIATION, INC.**

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*Amend*  
*10/5/09*

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10-02-08

12:12

From-Porter Wright Morris & Arthur LLP.

2395932881

T-663 P.001/007 F-870



October 2, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

REGAL ACRES HOMEOWNERS ASSOCIATION, INC.

11145 TAMiami TRAIL EAST  
NAPLES, FL 34113

SUBJECT: REGAL ACRES HOMEOWNERS ASSOCIATION, INC.

REF: N07000012060

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

FAX And. #: H09000212191  
Letter Number: 009A00031970

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2009 OCT -2 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

REGAL ACRES HOMEOWNERS ASSOCIATION, INC.

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

N07000012060

(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

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The date of each amendment(s) adoption: 9/30/09  
(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 SEPTEMBER 30, 2009

Signature 

(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)

SAMUEL J DURSO, MD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)