

N 07323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

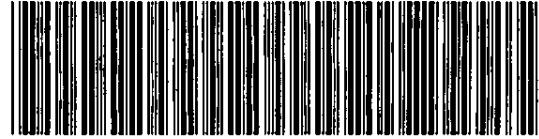
(Document Number)

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2018 APR 19 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

APR 19 2018

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ARBOR LAKE CONDOMINIUM NO. 2 ASSOCIATION, INC.

DOCUMENT NUMBER: N07323

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

Please return all correspondence concerning this matter to the following:

Kristen Hubler

(Name of Contact Person)

Premier CAM Services, LLC

(Firm/ Company)

PO Box 152047

(Address)

Cape Coral, FL 33915

(City/ State and Zip Code)

admin@premiercams.net

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

For further information concerning this matter, please call:

Kristen Hubler

239

340-0740

at

(Name of Contact Person)

(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)

RECEIVED

18 APR 19 AM 11:27

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address  
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2018

KRISTEN HUBLER                   \*\*2ND MAILING\*\*  
POST OFFICE BOX 152047  
CAPE CORAL, FL 33915

SUBJECT: ARBOR LAKE CONDOMINIUM NO. 2 ASSOCIATION, INC.  
Ref. Number: N07323

We have received your document and check(s) totaling \$385.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 618A00006272



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2018

KRISTEN HUBLER  
POST OFFICE BOX 152047  
CAPE CORAL, FL 33915

SUBJECT: ARBOR LAKE CONDOMINIUM NO. 2 ASSOCIATION, INC.  
Ref. Number: N07323

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Claretha Golden  
Regulatory Specialist II

Letter Number: 618A00006272

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

ARBOR LAKE CONDOMINIUM NO. 2 ASSOCIATION, INC.

2010 APR 19 PM 4:46

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

N07323

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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**)

3046 Del Prado Blvd S Ste 1A2

Cape Coral, FL 33904

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

(Mailing address **MAY BE A POST OFFICE BOX**)

PO Box 152047

Cape Coral, FL 33915

**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:

Premier CAM Services, LLC

3046 Del Prado Blvd S Ste 1A2

(Florida street address)

New Registered Office Address:

Cape Coral

(City)

Florida 33904

(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

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	P/T	ELAINE ROSE	PO Box 152047
<input type="checkbox"/> Add			Cape Coral, FL 33915
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	V	JOETTA KING	PO Box 152047
<input type="checkbox"/> Add			Cape Coral, FL 33915
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	S	MARK HANNI	PO Box 152047
<input type="checkbox"/> Add			Cape Coral, FL 33915
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	D	NANCY DEVLIN	PO Box 152047
<input type="checkbox"/> Add			Cape Coral, FL 33915
<input type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change	D	GEORGE PRATT	PO Box 152047
<input type="checkbox"/> Add			Cape Coral, FL 33915
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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 3/12/18

Signature Elaine E. Rose

(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)

ELAINE E. ROSE  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)