

N08000002156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

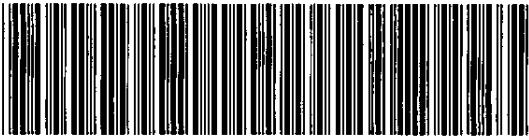
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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200145658142

03/16/09--01019--008 \*\*35.00

*Amend*

FILED  
09 APR -3 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T Roberts APR 03 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2009

CHANTEL MELENDI  
FONTAINBLEAU LAKES, LLC  
5835 BLUE LAGOON DRIVE 4TH FL  
MIAMI, FL 33126

SUBJECT: FONTAINBLEAU LAKES TOWNHOMES WEST HOMEOWNERS'  
ASSOCIATION, INC.  
Ref. Number: N08000002156

We have received your document for FONTAINBLEAU LAKES TOWNHOMES WEST HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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: 109A00010406

RECEIVED  
2009 APR -3 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Fontainebleau Lakes Townhomes West Homeowners' Association, Inc.

DOCUMENT NUMBER: N0800000 2156

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

Please return all correspondence concerning this matter to the following:

Chantel Melendi  
(Name of Contact Person)

Fontainebleau Lakes, LLC  
(Firm/ Company)

5835 Blue Lagoon Drive 4th fl.  
(Address)

Miami, FL 33126  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Chantel Melendi at (786) 437-8559  
(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)

**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

FILED

Articles of Amendment  
to

09 APR -3 PM 3:56

Articles of Incorporation  
of

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fontainebleau Lakes Townhomes West Homeowners' Association, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

NO8000002156

(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)

\_\_\_\_\_, 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*

**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>
DVP	Harvey Glaser	5835 Blue Lagoon Dr. 4th fl. Miami, FL 33126	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
DVP	Raquel P. Chong	5835 Blue Lagoon Dr. 4th fl. Miami, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input 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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The date of each amendment(s) adoption: 2/1/09

Effective date if applicable: 2/1/09  
(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 3/13/09

Signature Chantel Melendi

(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)

Chantel Melendi  
(Typed or printed name of person signing)

President  
(Title of person signing)