

NO80000004769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

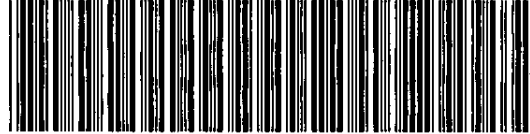
(Business Entity Name)

(Document Number)

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(RM)
2-12-15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Islander Village Master Property Owners Association, Inc.

DOCUMENT NUMBER: N08000004769

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

Please return all correspondence concerning this matter to the following:

Ed Swift

(Name of Contact Person)

Islander Village Master Property Owners Associaton, Inc.

(Firm/ Company)

201 Front Street Suite 107

(Address)

Key West, FL 33040

(City/ State and Zip Code)

smonsalvatge@historictours.com

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

For further information concerning this matter, please call:

Ben McPherson

(Name of Contact Person)

at 305 292-8912

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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15 FEB 27 AM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Islander Village Master Property Owners Association, Inc.

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

N08000004769

(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:

N/A

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." or "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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: N/A

(Florida street address)

New Registered Office 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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FLORIDA
The new

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

N/A

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

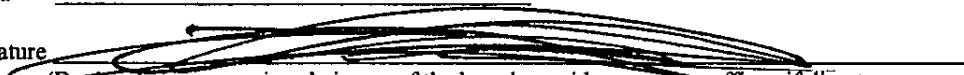
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 2/23/2015

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)

Edwin O. Swift, III

(Typed or printed name of person signing)

President

(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2015

BENJAMIN MCPHERSON
ISLANDER VILLAGE
201 FRONT STREET #107
KEY WEST, FL 33040

SUBJECT: ISLANDER VILLAGE MASTER PROPERTY OWNERS'
ASSOCIATION, INC.
Ref. Number: N08000004769

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to a Florida Not for Profit Corporation.

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

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 515A00003022

RECEIVED
15 FEB 27 AM 12:56
THANK YOU
PLEASE SEE ATTACHED
RE SUBMISSION