N08000009516

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SECRETARY CHISTAIR

Anon + N.C. C.COULLIETTE

OCT 27 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FLAGLER/PA	LMCOAST CIVIC A	SSOCIATION, INC
DOCUMENT NUM	BER: N08000009516		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		n DeCosta	annessed a real medical Management and address on modifica-
	(Name of	f Contact Person)	
	Flagler/Palmcoa	st Civic Association, Inc	:
	(Firm	n/ Company)	- · ·
	55 Ba	ayside Drive	
		Address)	
	Palm Coa	st Florida, 32137	
	(City/ Sta	te and Zip Code)	
		05@aol.com ad for future annual report no	otification)
For further information	on concerning this matter, pleas	e call:	
Ron DeCosta		at (386) 446	7833
(Name	of Contact Person)	(Area Code & D	Paytime Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Depart	tment of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Sect Division of Corp Clifton Building 2661 Executive (Tallahassee, FL 3	orations Center Circle

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State) (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: CIVIC HSSOCIATION JUC. 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) 55 BAYSIDE DR. 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: (Florida street address) New Registered Office Address: 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 Begistered Agent, if changing

Page 1 of 3

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>	Name	Address	Type of Action
PD	Nate McLaughlin	121 Pinelakes Pkwy W. Ste. 209 (P.O. Box 351495) Palm Coast Fl. 32/37	☑ Add ☐ Remove
VP	Tim O'Donnell	8 Karanda PI Palm Coast FI 32137	☑ Add ☐ Remove
Sec.	Ed Caroe	25 Coolidge Ct palm Coast Fl. 32137	✓ Add ☐ Remove
	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specific		
			`

•	<u>Title</u>	Name	<u>Address</u>	Type of Action
	Treasurer	Ron DeCosta	55 Bayside Dr. Palm Coast, FL	<u>Add</u>
	President	Raleigh Stockton	6 Waywell Place Palm coast, FL	Remove
	<u>VP</u>	Ray Henderson	17 Farraday Lane Palm coast, FL.	Remove
	Sec.	Arlene Barrick	100 Beacon Mill LN Palm Coast, FL	Remove
	Treasurer	Charlene Carbino	55 Bruning Lane Plam Coast, FL	Remove

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The date of each amendmen	t(s) adoption: October 1st. 2009
. * Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
✓ There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_Octo	ober 23rd 2009
Signature _	Ray De Casta
hav	the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Ron DeCosta
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)