N09000000767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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FILED
09 MAY -7 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E Roberts MAY 07

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2009

MARK B. SHERNICOFF
HOMEOWNERS OF TIVOLI ISLES, INC.
14619JETTY LANE
DELRAY BEACH, FL 33446

SUBJECT: HOMEOWNERS OF TIVOLI ISLES, INC.
Ref. Number: N09000000767

We have received your document for HOMEOWNERS OF TIVOLI ISLES, 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

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: 909A00014214

RETURNED 5/1/09

RECEIVED
2009 MAY -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOME OWNERS OF TIOLI ISLES, INC.

DOCUMENT NUMBER: N09000000767

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

Please return all correspondence concerning this matter to the following:

MARK B. SHERNICOFF
(Name of Contact Person)

HOMEOWNERS OF TIVOLI ISLES, INC.
(Firm/ Company)

14619 JETTY LANE
(Address)

DELRAY BEACH, FL 33446
(City/ State and Zip Code)

For further information concerning this matter, please call:

MARK B. SHERNICOFF at (212) 362-9004
(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

09 MAY -7 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

HOMEOWNERS OF TIVOLI ISLES, INC.

(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:

*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: ASSOCIATED CORPORATE SERVICES, LLC

New Registered Office Address: 6111 BROKEN SOUND PKWAY NW STE 200
(Florida street address)
BOCA RATON, 334877
(City) *(Zip Code)*, Florida

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.

LOU CAPLAN

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)

Title	Name	Address	Type of Action
D	MAXINE FIRESTONE	7493 Carmela Way Delray Beach, FL 33446	☒ Add ☐ Remove
D	LENNIE ZALLER	14911 Strand Ln. Delray Beach, FL 33446	☒ Add ☐ Remove
D	ELI ORSOFF	9822 Isles Cay Dr. Delray Beach, FL 33446	☒ Add ☐ Remove

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

The date of each amendment(s) adoption: APRIL 15, 2009

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 APRIL 21, 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)

MARK B. SHERNICOFF

(Typed or printed name of person signing)

TREASURER

(Title of person signing)