

N09000003549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2015 OCT 12 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

OCT 13 2015

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

The Funky Fish Houses At Cape Harbour Homeowner's Assoc, Inc.

**NAME OF CORPORATION:** \_\_\_\_\_

N09000003549

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Angel Withrow

\_\_\_\_\_  
(Name of Contact Person)

Fletcher & Fischer, P.L.

\_\_\_\_\_  
(Firm/ Company)

501 East Kennedy Blvd. Ste. 802

\_\_\_\_\_  
(Address)

Tampa, FL 33602

\_\_\_\_\_  
(City/ State and Zip Code)

awithrow@fletcherfischer.com

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

For further information concerning this matter, please call:

Angel Withrow

813-898-2821

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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2015

ANGEL WITHROW  
FLETCHER & FLETCHER, P.L.  
501 EAST KENNEDY BVD., STE. 802  
TAMPA, FL 33602

SUBJECT: THE FUNKY FISH HOUSES AT CAPE HARBOUR HOMEOWNER'S  
ASSOCIATION, INC.  
Ref. Number: N09000003549

We have received your document for THE FUNKY FISH HOUSES AT CAPE HARBOUR HOMEOWNER'S 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 815A00019536

RECEIVED  
15 OCT 12 AM 7:46  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

Articles of Amendment  
to  
Articles of Incorporation  
of

The Funky Fish Houses At Cape Harbour Homeowner's Association, Inc.

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

N09000003539

(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:

Fletcher & Fischer, P.L.

501 East Kennedy Blvd. Ste. 802

(Florida street address)

New Registered Office Address:

Tampa

(City)

Florida 33602

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

| <u>Type of Action</u><br>(Check One)       | <u>Title</u> | <u>Name</u>          | <u>Address</u>                    |
|--|--------------|----------------------|-----------------------------------|
| 1) <input type="checkbox"/> Change         | <u>VTD</u>   | <u>Will Stout</u>    | <u>5789 Cape Harbour Drive</u>    |
| <input type="checkbox"/> Add               |              |                      | <u>Cape Coral, FL 33914</u>       |
| <input checked="" type="checkbox"/> Remove |              |                      |                                   |
| 2) <input type="checkbox"/> Change         | <u>PD</u>    | <u>Dennis Bessey</u> | <u>5789 Cape Harbour Drive</u>    |
| <input type="checkbox"/> Add               |              |                      | <u>Cape Coral, FL 33914</u>       |
| <input checked="" type="checkbox"/> Remove |              |                      |                                   |
| 3) <input type="checkbox"/> Change         | <u>STD</u>   | <u>Jane Kirkman</u>  | <u>5789 Cape Harbour Drive</u>    |
| <input type="checkbox"/> Add               |              |                      | <u>Cape Coral, FL 33914</u>       |
| <input checked="" type="checkbox"/> Remove |              |                      |                                   |
| 4) <input type="checkbox"/> Change         | <u>DP</u>    | <u>Alan Gearing</u>  | <u>8117 Preston Rd., Ste. 450</u> |
| <input checked="" type="checkbox"/> Add    |              |                      | <u>Dallas, TX 75225</u>           |
| <input type="checkbox"/> Remove            |              |                      |                                   |
| 5) <input type="checkbox"/> Change         | <u>DV</u>    | <u>Max Cohen</u>     | <u>8117 Preston Rd., Ste. 450</u> |
| <input checked="" type="checkbox"/> Add    |              |                      | <u>Dallas, TX 75225</u>           |
| <input type="checkbox"/> Remove            |              |                      |                                   |
| 6) <input type="checkbox"/> Change         | <u>DST</u>   | <u>Bac Nguyen</u>    | <u>8117 Preston Rd., Ste. 450</u> |
| <input checked="" type="checkbox"/> Add    |              |                      | <u>Dallas, TX 75225</u>           |
| <input type="checkbox"/> Remove            |              |                      |                                   |

(attach additional sheets, if necessary). (Be specific)

[illegible]

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

6/8/15

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

9/10/15

Signature

(By a director, president or other officer – If directors or officers have not been selected, by an incorporator – If in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Max Cohen

(Typed or printed name of person signing)

Director, Vice President

(Title of person signing)