

N10654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

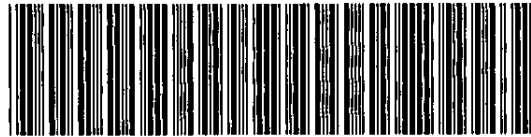
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
NOV 13 2012
T. J. EMERY

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GATOR TRACE MASTER PROPERTY OWNERS ASSOCIATION, INC.
DOCUMENT NUMBER: N 10654

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

Please return all correspondence concerning this matter to the following:

K. R. Olen
Name of Contact Person
Firm/ Company
4097 GATOR TRACE ROAD
Address
FORT PIERCE, FL 34982
City/ State and Zip Code
krolen@gate.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (772) 467-1830
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2012

K. R. OLEN
4097 GATOR TRACE RD
FT PIERCE, FL 34982

SUBJECT: GATOR TRACE MASTER PROPERTY OWNERS ASSOCIATION,
INC.

Ref. Number: N10654

We have received your document for GATOR TRACE MASTER PROPERTY OWNERS 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 sent in to have filed is not complete. I am sending you a complete document to fill out to have filed.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 512A00026617

Articles of Amendment
to
Articles of Incorporation
of
GATOR TRACE MASTER PROPERTY OWNERS ASSOCIATION, INC.

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

N10654

(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: _____

(Florida street address)

New Registered Office 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

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TALLAHASSEE, FLORIDA

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:

- Change PT John Doe
- Remove V Mike Jones
- Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>JAMES J LEMMON</u>	<u>4062 Garden Villas Ct. Ft. Pierce, FL 34982</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>JOAN A. COLBURN</u>	<u>4072 GATOR TRACE ROAD Ft. Pierce, FL 34982</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>JAMES GLEASON</u>	<u>4373 GATOR TRACE LANE Ft. Pierce, FL 34928</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>LANTIE HUGHES</u>	<u>4133 4211 GATOR TRACE ROAD Ft. Pierce, FL 34982</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>DEBORAH BAGIEREK</u>	<u>4235H GATOR TRACE AVENUE Ft. Pierce, FL 34982</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>PETER FROHLICH</u>	<u>4352 GATOR TRACE CIR. Ft. Pierce, FL 34982</u>

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

ADD § CYNTHIA WEBB
4389 GATOR TRACE LANE
FT. PIERCE, FL 34982

NOTE: THIS IS AN OFFICER POSITION, BUT.
MS. WEBB IS NOT A ~~BOARD~~ MEMBER.

The date of each amendment(s) adoption: 13 NOVEMBER 2012


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 13 Nov. 2012

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)

KENNETH P. OLEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)