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COVER LETTER

TO:

Amendment Section Division of Corporations

suвjест: Oaks at Whiskey Cree	ek Condominium Association, Inc.	
DOCUMENT NUMBER: N1100000	•	
The enclosed Articles of Correction and		
Please return all correspondence concern	ing this matter to the following:	
Paul Sapp		
. Marie de Contact i dison		
Firm/Company		
14360 South Tamiami Trail # B		
Fort Myers Florida 33912 City/State and Zip Code		
plsrms@aol.com E-mail address: (to be used for future annual	report notification)	
For further information concerning this m	natter, please call:	
Paul Sapp Name of Contact Person	at (239) 4706876 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amo	ount:	
✓ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy	
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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ARTICLES OF CORRECTION

for

Oaks at Whiskey Creek Condominium Association, Inc. Name of Corporation as currently filed with the Florida Dept of State N1100009574 Document Number (if known) Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected. These articles of correction correct Florida Non Profit Filing (Document Type Being Corrected) filed with the Department of State on October 10th, 2011 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect: Name was issued as "Oaks at Whiskey Creek Condominium Association, Inc." Correct the inaccuracy, incorrect statement, or defect: Name should be "Oaks at Whiskey Creek Condominium 1 Association, Inc."

Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Paul Sapp
(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00

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