N12000010599

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

•		
NAME OF CORPORATION:	GOLDEN ISLE OW	NERS ASSOCIATION, INC.
DOCUMENT NUMBER: N12000010	599	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
DOMINGO SANCHEZ		
	(Name of Contact Person	1)
TITAN MANAGEMENT		
	(Firm/ Company)	· · · · · · · · · · · · · · · · · · ·
1631 E. VINE ST SUITE	300	
	(Address)	
KISSIMMEE, FL 34744		
	(City/ State and Zip Cod	e)
ADMIN@TITANH	IOA.COM	
E-mail address: (to be used		iotilication)
For further information concerning this matter, please	call:	
DOMINGO SANCHEZ	_{at (} 407	705-2190 Dide & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	irtment of State:
■ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status		□\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301



Division of Corporations

November 21, 2013

DREW ABEL 1631 E VINE ST., STE #300 KISSIMMEE, FL 34744

SUBJECT: RESERVE AT GOLDEN ISLE OWNERS ASSOCIATION, INC.

Ref. Number: N12000010599

We have received your document for RESERVE AT GOLDEN ISLE 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 entire document must be filled out.

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 613A00026910

Articles of Amendment Articles of Incorporation of

RESERVE AT GOLDEN ISLE OWNERS ASSOCIATION, INC

N12000010599	•					•		
(Doct	ment Number of Cor	poration (if kno	wn)	· · · · · ·	···········	···		
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporati		, this <i>Florida N</i>	ot For P	Profit Cor	poration	adopts the fo	Howing	5
A. If amending name, enter the new na	me of the corporatio	<u>n:</u>				77	-1	
name must be distinguishable and contain "Company" or "Co." may not be used in		·	•			"Corp" or		
B. Enter new principal office address, i	f applicable:	1631	E.	Vine	2+	Ste #3	300	
(Principal office address <u>MUST BE A ST</u>	REET ADDRESS)	Kissin	nee ,	, FL	34	Ste #3		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST C		1631 E Kissinn	i. Vin	St FL	Ste + 3474	130 o.	13 DEC 30	- -
D. If amending the registered agent and			rida <u>, en</u>	iter the n	ame of th			T
new registered agent and/or the new						五公	P	<u>_</u>
Name of New Registered Agent:	Titan Management 1631 E.Vine Street Ste#300				3: 29			
New Registered Office Address:		Florida street addre						
	Kissimmee		, Florie	Orida 34744 (Zip Code)				
	(City)			_		(Zip Code)		
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		iliar with and a		e obligati	ons of the			

Page 1 of 4

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: X_Change X_Remove X_Add	PT John D Y Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	ABEL, DREW	558 2 NEW ENGLAND AVE
Add			SUITE 250
X Remove			WINTER PARK, FL 32789
2) Change	DP	SPRINKEL, CLARK	1631 E.VINE ST
X Add			SUITE#300
Remove			KISSIMMEE, FL 34744
3) Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (uttach additional sheets. if necessary). (Be specific)						
(under additional sheets, y necessary).	(ise apecigi					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 9/1/13	
(no more than 90 days after amendment file date)	
· ·	
Adaption 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 contilled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors Dated Signature (By the chalcman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hards of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	- -
DREW ABEL	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	