

N14000006672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 FEB - 6 AM 10:08

C. Lewis  
2-9-15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2014

ROBYN FISCHER / ICON MANAGEMENT SERVICES  
5284 PAYLOR LANE  
SARASOTA, FL 34240 US

SUBJECT: COACH HOMES I AT GRAN PARADISO ASSOCIATION. INC.  
Ref. Number: N14000006672

We have received your document for COACH HOMES I AT GRAN PARADISO 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.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 714A00024632

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** COACH HOMES | AT GRAN PARADISO ASSOCIATION. INC.

**DOCUMENT NUMBER:** N14000006672

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

Please return all correspondence concerning this matter to the following:

Robyn Fischer

Name of Contact Person

ICON Management Services

Firm/ Company

5284 Paylor Lane

Address

Sarasota, FL 34240

City/ State and Zip Code

rfischer@theiconteam.com

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

For further information concerning this matter, please call:

Robyn Fischer at ( 941 ) 747-7261

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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

COACH HOMES I AT GRAN PARADISO ASSOCIATION, INC.

15 FEB -6 AM 10:08

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

N14000006672

(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**)

c/o ICON Management Services, Inc  
5284 Paylor Lane, Sarasota, FL 34240

**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: ICON Management Services, Inc. (Dennis K Colletti)

5284 Paylor Lane

(Florida street address)

New Registered Office Address:

Sarasota

(City)

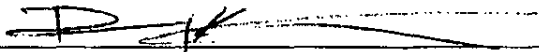
, Florida

34240

(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> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D/P</u>	<u>Anthony J Burdett</u>	<u>10481 Ben C. Pratt, Six Mile Cypress Pkwy</u> <u>FORT MYERS, FL 33966</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D/P</u>	<u>David Negip</u>	<u>10481 Ben C. Pratt, Six Mile Cypress Pkwy</u> <u>FORT MYERS, FL 33966</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>

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

N/A

The date of each amendment(s) adoption:  
date this document was signed.

OCTOBER 21, 2014

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
if other than the

Effective date if applicable:

OCTOBER 21, 2014

15 FEB -6

AM 10:08

(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 \_\_\_\_\_

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)

Darin McMurray

(Typed or printed name of person signing)

Director/VP

(Title of person signing)