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(Requestor's Name) (Address)	400306905864
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(Business Entity Name) (Document Number)	12/28/1701024002 **35.00
Certified Copies Certificates of Status	FILED SIGNIASSEE, FLORIDA
690 Office Use Only	JAN 1-0-2019 Oliny Collins

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 27, 2017

JANE MANNING 2424 EDWARDS DRIVE FORT MYERS, FL 33901

SUBJECT: ROYAL PALM TOWERS RESIDENTS ASSOCIATION, INC. Ref. Number: N17000012161

We have received your document for ROYAL PALM TOWERS RESIDENTS 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):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

ALL PAGES MUST BE MAILED

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.

Shelia H Young Regulatory Specialist II

Letter Number: 817A00026141

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www.sunbiz.org

Division of Connections - DO DOV 6297 Wellohogene Florida 20214

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ______

DOCUMENT NUMBER: N17000012161

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

Please return all correspondence concerning this matter to the following:

Jane Manning, President

Name of Contact Person

Royal Palm Towers Residents Association. Inc.

Firm/ Company

2424 Edwards Drive

Address

Fort Myers, FL 33901

City/ State and Zip Code

cheryl@hacfm.org

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

For further information concerning this matter, please call:

Jane Manning Name of Contact Person at (239 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 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 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 ¥.



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 <u>MUST BE A STREET ADDRESS</u> 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: N N / N Name of New Registered Agent: OW-ARA tFlorida stre<mark>et</mark> addressi New Registered Office Address: Florida

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.



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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeheld. 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT John I</u> <u>V Mike</u> <u>SV Sally</u>	Jones	
<u>Type of Action</u> (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	P	STANE MANNING	2424 EDWARDS DR#1005 FT MIERS FL 33901
2) <u> </u>	_V	John HILL	Z424 EDWARDS DR#501 FT MYERS FL
3) X Change	<u>S</u>	PATRICIA STARNES	<u>S3901</u> <u>2424 ÉDWARDS De#601</u> FT MYERS FL
Remove 4) Change Add Remove		CINDA CHROTHERS BOBERT DENNETT	33901 2424 EDWARDS DE+#407 FT MYERS FL 33901
5) K Change Add Remove	SAA	ROBERT BEANETT	2424 EDWARDS DR# 802 FT MYERS FL 33901
6) Change Add Remove	N/A-	NA	N/A- N/A N/A
ACHIOVE		Page 2 of 4	

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

NA

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

Effective date if applicable:

(no more than 90 days after amendment file date)

, if other than the

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.
- O) 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

nning Signature

> By the chairman or vice chairman of the bodyd, 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)

h = H MANNING(Typed or printed name of person signing)

(Title of person signing) $0 \le RS$ ROYAL PALM RESIDENTS REPUNCIC ASSOCIATION, INC.