

N20888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

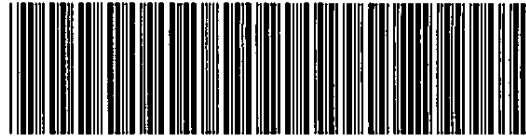
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 SEP 19 PM 3:12
DIVISION OF CORPORATION

08/20/14--01007--002 **35.00

C. LEWIS
Sept 22 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2014

BRAD PHELPS / ANCHOR ASSOCIATES INC
3940 RADIO RD #112
NAPLES, FL 34104 US

SUBJECT: THE ABBEY MANAGEMENT ASSOCIATION, INC.
Ref. Number: N20888

We have received your document for THE ABBEY MANAGEMENT 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 114A00018333

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Abbey Management Association, Inc.

DOCUMENT NUMBER: N20888

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

Please return all correspondence concerning this matter to the following:

Brad Phelps

(Name of Contact Person)

Anchor Associates, Inc.

(Firm/ Company)

3940 Radio Rd. #112

(Address)

Naples, FL 34104

(City/ State and Zip Code)

admin@anchormanagers.com

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

For further information concerning this matter, please call:

Brad Phelps

(Name of Contact Person)

at 239 649-6357

(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

Articles of Amendment
to
Articles of Incorporation
of

STATE OF FLORIDA
DIVISION OF CORPORATIONS

The Abbey Management Association, Inc

14 SEP 19 PM 3:12

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

N20888

(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**)

Anchor Associates, Inc.

3940 Radio Rd. Suite112

Naples, FL 34104

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Anchor Associates, Inc.

3940 Radio Rd. Suite112

Naples, FL 34104

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: Brad Phelps

3940 Radio Rd. Suite112

(Florida street address)

New Registered Office Address:

Naples

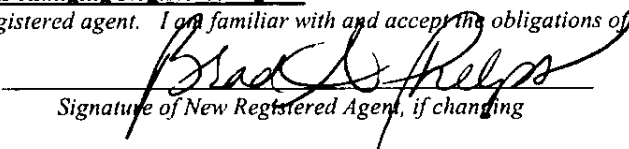
(City)

, Florida 34104

(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 checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>P</u>	<u>Carol Ryan</u>	<u>3940 Radio Rd. Suite112</u> <u>Naples, FL 34104</u>
2) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>VP</u>	<u>Jerry Duwe</u>	<u>3940 Radio Rd. Suite112</u> <u>Naples, FL 34104</u>
3) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>S</u>	<u>Bonnie Spanswick</u>	<u>3940 Radio Rd. Suite112</u> <u>Naples, FL 34104</u>
4) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>D</u>	<u>Michael Fisher</u>	<u>3940 Radio Rd. Suite112</u> <u>Naples, FL 34104</u>
5) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>D</u>	<u>Tom Scholten</u>	<u>3940 Radio Rd. Suite112</u> <u>Naples, FL 34104</u>
6) ____ Change ____ Add ____ Remove	_____	_____	_____ _____ _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after am...)

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 8/15/14
Signature Michael Fisher
(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)

Michael M Fisher
(Typed or printed name of person signing)
Treasurer
(Title of person signing)

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DIVISION OF CORPORATIONS