

N33812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

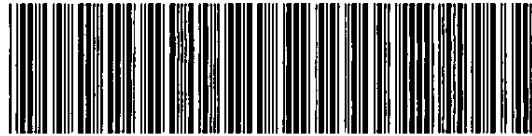
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09 OCT 27 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts OCT 27 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2009

SANDRA WILSON  
HAWK'S CAY COMMUNITY ASSOCIATION  
61 HAWKS CAY BLVD  
DUCK KEY, FL 33050-3456

SUBJECT: HAWK'S CAY COMMUNITY ASSOCIATION, INC.  
Ref. Number: N33812

We have received your document for HAWK'S CAY COMMUNITY 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.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 609A00028613

RECEIVED

AUG 27 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Hawk's Cay Community Association, Inc.

**DOCUMENT NUMBER:** N33812

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

Please return all correspondence concerning this matter to the following:

Sandra W. Wilson

(Name of Contact Person)

Hawks Cay Community Association

(Firm/ Company)

61 Hawks Cay Blvd

(Address)

Duck Key, FL 33050-3756

(City/ State and Zip Code)

swilson@hawkscay.com

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

For further information concerning this matter, please call:

Sandra Wilson

(Name of Contact Person)

at ( 305 ) 289-2994

(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)

**NOTE:** Check was included with original  
filing and was not returned  
with your notice.

**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

FILED  
09 OCT 27 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Hawk's Cay Community Association, INC.

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

N33812

(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:**

Hawks Cay Community Association, Inc. (Deletion of the apostrophe)

*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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

(Florida street address)

\_\_\_\_\_

\_\_\_\_\_, Florida  
(City) (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*

(Attach additional sheets, if necessary)

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: September 25, 2009

*(date of adoption is required)*

Effective date if applicable: \_\_\_\_\_

*(no more than 90 days after amendment file date)*

Adoption of Amendment(s)

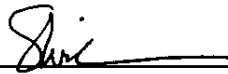
**(CHECK ONE)**

☐ 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 October 23, 2009

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)

Sandra Wilson

(Typed or printed name of person signing)

Vice President/Secretary-Treasurer/Director

(Title of person signing)