

N35039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

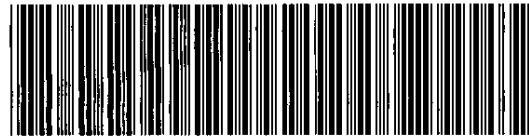
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300184510933

Amend

08/31/10--01034--002 **35.00

FILED
2010 SEP 10 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00789, 00624, 00671

9/10/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2010

Patrick Fitzmorris
Island Village POA
P.O. Box 524
Marco Island, FL 34146

SUBJECT: ISLAND VILLAGE PROPERTY OWNERS ASSOCIATION, INC.
Ref. Number: N35039

We have received your document for ISLAND VILLAGE PROPERTY 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 document must have original signatures.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 310A00020966

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ISLAND Village Property OWNERS ASSOCIATION

DOCUMENT NUMBER: N 35039

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

Please return all correspondence concerning this matter to the following:

PATRICK FITZMORRIS
(Name of Contact Person)

ISLAND Village POA
(Firm/ Company)

PO BOX 524
(Address)

MARCO IS FL 34146
(City/ State and Zip Code)

PROPERTYMANAGEMENT PLUS @ COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK at (239) 682-8069
(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:

- | | | | |
|---|--|---|--|
| <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

FILED

Articles of Amendment
to
Articles of Incorporation
of

2010 SEP 10 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Island Village Property Owners Association, INC.

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

N35039

(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/o Property Management Plus, LLC

410 Robin Hood cr #202

NAPLES FL 34104

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 524

MARCO IS FL

34146

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)

(City)

Florida

(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: 8-9-10
(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 8-24-2010

Signature

Rita G. Cinelli
(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)

RITA G. CINELLI

(Typed or printed name of person signing)

President - Board of Island Village
(Title of person signing)