N37192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected document by telephone call TK 6-14-11

Office Use Only

100207433981

05/12/11--01022--012 **35.00

FILED
11 JUN 14 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2011

DEBBIE CONRAD
PARAGON FINANCIAL SERVICES
8270 COLLEGE PKWY #104
FORT MYERS, FL 33919

SUBJECT: THE HERON COACH HOUSES CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N37192

We have received your document for THE HERON COACH HOUSES CONDOMINIUM 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):

It appears that you completed the wrong form.

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: 711A00012517

Ms. Roberts
If you have any further questions about this please contact me at 239 481-6066 or jvman2@gmail.com.
Thank you
Jan Newman, Treasurer

RECEIVED
JUN 14 9:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Heron Coach Houses Condo Assoc. Inc.
Name of Corporation

DOCUMENT NUMBER: N37192

The enclosed Statement of Change of Registered Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Conrad
Name of Contact Person

Paragon Financial Services
Firm/Company

8270 College Pkwy #104
Address

Fort Myers FL 33919
City/State and Zip Code

debbie@paragonfs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Conrad at (239) 433-3443
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

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

CR2E045 (8/05)

Articles of Amendment
to
Articles of Incorporation
of

FILED
11 JUN 14 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE HERON COACH HOUSES CONDOMINIUM ASSOC., INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N37192
(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:

NOT APPLICABLE

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)

16205 HERON COACH WAY
FORT MYERS, FL 33908

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

16205 HERON COACH WAY
FORT MYERS, FL 33908

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: PARAGON FINANCIAL SERVICES

New Registered Office Address: 8270 College Pkwy #104
(Florida street address)

FORT MYERS, Florida 33919
(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.

Debbie Conrad
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)

Title	Name	Address	Type of Action
PRES	Vincent TARANTINO	16550 HERON COACH WAY #206 FT MYERS, FL 33908	☑ Add ☐ Remove
V.PRES.	LINDA REICHERT	16551 HERON COACH WAY #304 FT MYERS, FL 33908	☑ Add ☐ Remove
SEC.	JAMES GORDON II	16541 HERON COACH WAY #506 FT MYERS, FL 33908	☑ Add ☐ Remove
TREAS.	JOAN NEWMAN	16561 HERON COACH WAY #105 FT MYERS, FL 33908	☑ Add ☐ Remove
DIR.	KAY AMERIGAN	16561 HERON COACH WAY #103	☑ Add ☐ Remove
DIR	ROSE MARY FOREMAN	16550 HERON COACH WAY #208 FT MYERS, FL 33908	☑ Add ☐ Remove
DIR	JERRY BOROFF	16540 HERON COACH WAY #403 FT MYERS, FL 33908	☑ Add ☐ Remove
			☐ Add ☐ Remove

The date of each amendment(s) adoption: 6-7-11
(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 6/7/11

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)

VINCENT TARANTINO
(Typed or printed name of person signing)

President Heron COACH House Cent
(Title of person signing)