## N39000

| (Red                      | questor's Name)   |             |
|---------------------------|-------------------|-------------|
| (Add                      | iress)            | <del></del> |
| (Address)                 |                   |             |
| (City                     | //State/Zip/Phone | e #)        |
| PICK-UP                   | WAIT              | MAIL        |
| (Bus                      | siness Entity Nar | me)         |
| (Document Number)         |                   |             |
| Certified Copies          | Certificates      | s of Status |
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

| NAME OF CORPORATION:CORAL                              | COURT CONDUM                             | nivium ASSOCIATION, L  |
|--|--|--|
| DOCUMENT NUMBER: N3906L                                |  | Contraction of the Contraction o |
| The enclosed Articles of Amendment and fee are sub     |  |  |
| Please return all correspondence concerning this matt  | er to the following:                     |  |
| E. JANE  | Hunsucker                                |  |
|  | (Name of Contact Perso                   | n)   |
| NA   |  |  |
|  | (Firm/ Company)                          | - No   |
| 527 W. CAPE  | CORAL PKWY                               | F4   |
|  | (Address)                                |  |
| CAPT CORAL   | FL. 33914<br>(City/ State and Zip Cod    |  |
| r  | (City/ State and Zip Cod                 | c)   |
| X JANZ HUNSUCKE<br>E-mail address: (to be used         | ers27 @ Gn<br>d for future annual report | NAIL, COM notification)  |
| For further information concerning this matter, please |  |  |
| E. JANE HUNSUCKER                                      | at ( 239                                 | 1770-7296  |
| (Name of Contact Person)                               |  | ode & Daytime Telephone Number)  |
| Enclosed is a check for the following amount made pa   | ayable to the Florida Depa               | artment of State:  |
| \$35 Filing Fee \$\text{Certificate of Status}\$       |  | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)   |
| Mailing Address  |  | Address  |
| Amendment Section                                      | Amendment Section                        |  |
| Division of Corporations<br>P.O. Box 6327              |  | on of Corporations  Building   |
| Tallahassee, FL 32314                                  |  | Executive Center Circle  |

Tallahassee, FL 32301

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## Articles of Amendment to \* Articles of Incorporation of

| CORAL COURT   | CONDOMINI                                  | um Assocoula                         | two lac.                       |                    |
|---|--|--------------------------------------|--------------------------------|--------------------|
| (Name of Corporation as currently   | filed with the Flo                         | rida Dept. of State)                 |                                |                    |
| N3900   | ے م  |                                      |                                |                    |
| (Document )   | Number of Corpore                          | ation (if known)                     |                                | <del>_</del>       |
| Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation | 06, Florida Statute<br>n:                  | s, this <i>Florida Not For I</i>     | Profit Corporation adopts th   | e following        |
| A. If amending name, enter the new name   | e of the corporati                         | on:                                  |                                |                    |
| NA  |  |                                      |                                | The new            |
| name must be distinguishable and contain the "Company" or "Co," may not be used in the      |  | ion" or "incorporated"               | or the abbreviation "Corp.'    |                    |
| B. Enter new principal office address, if a (Principal office address MUST BE A STR         |  | N/A                                  |                                | _                  |
| C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF                 |  | MA                                   |                                | -<br>-<br>- 3.     |
|   | . ,  | . 14 (200)                           |                                | 12 OCT 22 MIII: 67 |
| D. If amending the registered agent and/o<br>new registered agent and/or the new r          | or registered offic<br>egistered office as | e address in Florida, en<br>Idress:  | ter the name of the            |                    |
| Name of New Registered Agent:   | E. JA                                      | nt Hunsnerte                         | 2                              | 9                  |
|   | 527 c                                      | Ale CORAL PX                         | wy #7                          |                    |
| New Registered Office Address:  | (  | Florida street address)              |                                |                    |
| _   | CAIT (City)                                | URA L                                | , Florida <u>339(</u>          | <u>f</u>           |
|   | (City)                                     |                                      | (Zip Code)                     |                    |
| New Registered Agent's Signature, if char<br>I hereby accept the appointment as registere   | nging Registered ,<br>ed agent. I am fan   | Agent:<br>niliar with and accept the | e obligations of the position. |                    |
| <u>Ej</u><br>Signlis  | Jame Iden<br>Ture of New Regist            | rucku<br>ered Agent, if changing     |                                |                    |

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 = 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: X Change X Remove X Add | Y Mil           | in Doe<br>ke Jones<br>ly Smith | - ··· · <b>,</b>           |
|----------------------------------|-----------------|--------------------------------|----------------------------|
| Type of Action (Check One)       | Title           | Name                           | Address                    |
| 1) Change                        | <u> </u>        | E. JANE HUNSUCKER              | 527 W. CAPT WRAL ( Kiny #. |
| Add                              |                 |                                | CAPE CORAL FL 33914        |
| 2) Change                        | _ <del>T_</del> | LAURA ALLENCROFT               | 5213 SW 8th PLACE          |
| Add Remove                       |                 |                                | CAPE CORAL, FL 33914       |
| 3) Change                        |                 |                                |                            |
| Add                              |                 |                                |                            |
| 4) Change                        |                 |                                | ·                          |
| Add                              |                 |                                |                            |
| 5) Change                        | <del></del>     |                                |                            |
| Add                              |                 |                                |                            |
| 6) Change                        |                 |                                | <del></del>                |
| Add                              |                 |                                |                            |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |  |              |
|---|--|--------------|
| (attach additional sheets, if necessary).   | (Be specific)  |              |
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| , , , <u>-</u>  | 10/17/2012  |
|---|---|
| The date of each amendment(s) adoption:   | 10 17 2012  |
| Effective date <u>if applicable</u> :   | 10/17/2012  |
| (no more tha  | n 90 days after amendment file date)                      |
|   |   |
| Adoption of Amendment(s) (CHECK O   | ONE)  |
| The amendment(s) was/were adopted by the memb was/were sufficient for approval.     | pers and the number of votes cast for the amendment(s)    |
| There are no members or members entitled to vote adopted by the board of directors. | on the amendment(s). The amendment(s) was/were            |
| Dated 10/17/2012  |   |
| Signature X 50000   | W. Preelt   |
|   | nan of the board, president or other officer-if directors |
| · ·   | ncorporator – if in the hands of a receiver, trustee, or  |
| other court appointed fiduciary   | by that fiduciary)  |
| * KAREN   | A. PRUETT   |
| (Typed or printed r   | name of person signing)                                   |
| President   |   |
| (Title of person si   | ionina)   |