

N49360

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE VILLAGES AT MANGO KEY HOMEOWNERS ASSOC. INC.

DOCUMENT NUMBER: N49360

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

Please return all correspondence concerning this matter to the following:

MRS ISABEL SYMONDS
(Name of Contact Person)

THE VILLAGES AT MANGO KEY HOMEOWNERS ASSOC. INC
(Firm/ Company)

3201 LINDFIELDS BLVD.
(Address)

KISSIMMEE FLORIDA 34747
(City/ State and Zip Code)

For further information concerning this matter, please call:

MRS. I. SYMONDS at (863) 424 7533
(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:

- | | | | |
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Certified Copy
(Additional Copy
is enclosed) |
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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

THE VILLAGES AT MANGO KEY HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N 49360.

(Document Number of Corporation (if known))

APPROVED
AND
FILED
11 MAR 21 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. 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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	ROGER THOMPSON	3201 LINDFIELDS BLVD KISSIMMEE FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MR.	ANDREW BASSON	3201 LINDFIELDS BLVD KISSIMMEE FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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: JANUARY 18th 2011

Effective date if applicable: JANUARY 19th 2011
(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 MARCH 10th 2011

Signature Isabel Symmonds

(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)

Isabel SYMONDS

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)