

N 96000005606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

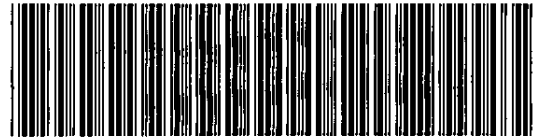
(Business Entity Name)

(Document Number)

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10/28/10--01006--016 \*\*35.00

10 NOV 15 PM 1:41

Amend.

11/15/10

Dc



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2010

MARGARET CICHELLA  
LIVE OAK LANDINGS CONDOMINIUM ASSOCIATIO  
2255 NORTH BEACH ROAD  
ENGLEWOOD, FL 34223

SUBJECT: LIVE OAK LANDINGS CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N96000005606

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 410A00025686

RECEIVED  
10 NOV 15 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Live Oak Landings Condominium Association, Inc.

**DOCUMENT NUMBER:** N96000005606

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

Please return all correspondence concerning this matter to the following:

Margaret Cicchella

(Name of Contact Person)

Live Oak Landings Condominium Association, Inc.

(Firm/ Company)

2255 North Beach Road #6

(Address)

Englewood, FL 34223

(City/ State and Zip Code)

mkcicc@comcast.net

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

For further information concerning this matter, please call:

Margaret Cicchella

(Name of Contact Person)

at ( 941 ) 474-1903

(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)

**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

Live Oak Landings Condominium Association, Inc.

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

N96000005606

(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:**

NA

*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**)*

NA

**C. Enter new mailing address, if applicable:**

*(Mailing address **MAY BE A POST OFFICE BOX**)*

NA

**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:

NA

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*

**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>
<u>VP</u>	<u>Mueller, Wolfgang</u>	<u>2255 North Beach Road #4</u> <u>Englewood, FL 34223</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Trea</u>	<u>Orzechowski, Duane</u>	<u>2255 North Beach Road #13</u> <u>Englewood, FL 34223</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Dir</u>	<u>Orzechowski, Duane</u>	<u>2255 North Beach Road #13</u> <u>Englewood, FL 34223</u>	<input checked="" 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)*

NA

*(Attach additional sheets, if necessary)*

The date of each amendment(s) adoption: May 22, 2010

*(date of adoption is required)*

Effective date if applicable: May 22, 2010

*(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 November 8, 2010

Signature Margaret Cicchella

(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)

Margaret Cicchella

(Typed or printed name of person signing)

Secretary

(Title of person signing)

*(Attach additional sheets, if necessary)*

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

NA



The date of each amendment(s) adoption: August 26, 2010

*(date of adoption is required)*

Effective date if applicable:

~~8/26~~ August 26, 2010

*(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 November 8, 2010

Signature

Margaret Cicchella

(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)

Margaret Cicchella

(Typed or printed name of person signing)

Secretary

(Title of person signing)