

N97000002159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

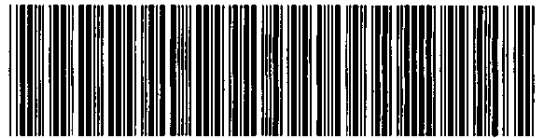
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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 OCT - 1 PM 1:39

Amend/cus  
@ 10/1/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Harbor Cove Resident Owned Community, Inc

**DOCUMENT NUMBER:** N97000002159

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

Please return all correspondence concerning this matter to the following:

Kay Conner, CAM, Manager

(Name of Contact Person)

Harbor Cove Resident Owned Community, Inc

(Firm/ Company)

499 Imperial Dr

(Address)

North Port, FL 34287

(City/ State and Zip Code)

hcrocmgr@comcast.net

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

For further information concerning this matter, please call:

Kay Conner, CAM, Manager

(Name of Contact Person)

at ( 941 ) 426-2806

(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

SEP 28 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2009

KAY CONNER, CAM, MANAGER  
HARBOR COVE RESIDENT OWNED COMMUNITY INC  
499 IMPERIAL DR.  
NORTH PORT, FL 34287

SUBJECT: HARBOR COVE RESIDENT OWNED COMMUNITY, INC.  
Ref. Number: N97000002159

We have received your document for HARBOR COVE RESIDENT OWNED COMMUNITY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 309A00031118

RECEIVED  
2009 OCT -1 AM 8:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Harbor Cove Resident Owned Community, Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

N97000002159

(Document Number of Corporation (if known))

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 OCT -1 PM 1:39

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)

(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:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director <i>Myra Eagle</i>	Myra Eagle	PO Box 380384 Murdock, FL 33938	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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: \_\_\_\_\_

6/26/09  
(date of adoption is required)

Effective date if applicable: July 20, 2009

(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 September 14, 2009

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)

Melvin L. Sanofsky

(Typed or printed name of person signing)

President, Harbor Cove ROC, Inc

(Title of person signing)