

N98000000662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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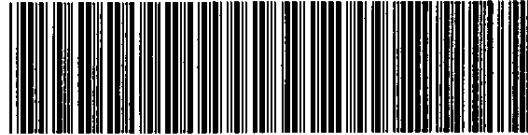
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

And 7/13/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CARLYLE COMMUNITY ASSOCIATION, INC.

DOCUMENT NUMBER: N98000000662

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

Please return all correspondence concerning this matter to the following:

Michael W. Miller

(Name of Contact Person)

Miller Management Services, Inc.

(Firm/ Company)

2848 Proctor Road

(Address)

Sarasota, FL 34231

(City/ State and Zip Code)

millermgt@mindspring.com

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

For further information concerning this matter, please call:

Michael W. Miller

(Name of Contact Person)

at (941) 923-5811

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2011

MICHAEL MILLER
2848 PROCTOR ROAD
SARASOTA, FL 34231

SUBJECT: CARLYLE COMMUNITY ASSOCIATION, INC.
Ref. Number: N98000000662

We have received your document for CARLYLE COMMUNITY 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 411A00015141

**Articles of Amendment
to
Articles of Incorporation
of**

CARLYLE COMMUNITY ASSOCIATION, INC.

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

N98000000662

(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:

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>
PD	TROYAN, BILL	5142 CREEKSIDE TRAIL SARASOTA, FL 34243	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
TD	MERVIS, JERRY	4929 CREEKSIDE TRAIL SARASOTA, FL 34243	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VD	GREINER, DAN	5321 CREEKSIDE TRAIL SARASOTA, FL 34243	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PD	DONOHER, JOHN	5117 CREEKSIDE TRAIL SARASOTA, FL 34243	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
TD	AMATO, CONSTANCE	5229 CREEKSIDE TRAIL SARASOTA, FL 34243	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	KEY, CHARLES	5248 CREEKSIDE TRAIL SARASOTA, FL 34243	<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)

The date of each amendment(s) adoption: 6/1/11
(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 7/6/11

Signature Constance S. Amato
(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)

CONSTANCE S. AMATO
(Typed or printed name of person signing)

Treasurer
(Title of person signing)