

P29594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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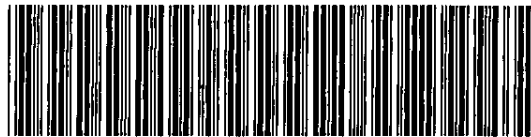
(Business Entity Name)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Palms of Largo Intergenerational Community Foundation, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P29594

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Reiter

(Name of Contact Person)

The Goodman Group

(Firm/Company)

1107 Hazeltine Boulevard, Suite 200

(Address)

Chaska, MN 55318

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Reiter

(Name of Contact Person)

at ( 612 ) 618-1682

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$35.00 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

March 16, 2007

SUSAN REITER  
THE GOODMAN GROUP  
1107 HAZELTINE BLVD, SUITE 200  
CHASKA, MN 55318

SUBJECT: PALMS OF LARGO INTERGENERATIONAL COMMUNITY  
FOUNDATION, INC.  
Ref. Number: P29594

We have received your document for PALMS OF LARGO INTERGENERATIONAL COMMUNITY FOUNDATION, 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 name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6957.

Pamela Smith  
Document Specialist

Letter Number: 007A00018251

RECEIVED  
07 MAR 27 AM 8:00  
DIVISION OF CORPORATIONS

**NOT FOR PROFIT CORPORATION**  
**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE**  
**AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA**  
(Pursuant to s. 617.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

**P29594**

(Document Number of Corporation (If known))

1. Palms of Largo Intergenerational Community Foundation, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Minnesota 3. 06/01/1990  
(Incorporated under laws of) (Date authorized to conduct affairs in Florida)

**SECTION II**

**(4-8 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 03/05/2007

5. Caregivers Support Network, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation)

6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected.

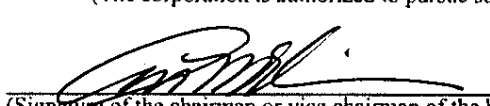
\_\_\_\_\_  
(New duration) (Date)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.

\_\_\_\_\_  
(New jurisdiction) (Date)

8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose.

\_\_\_\_\_  
(The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

  
(Signature of the chairman or vice chairman of the board, president, or other officer - if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

**Avi M. Elias**

(Typed or printed name of the person signing)

**President**

(Title of person signing)

FILED  
SECRETARY OF CORPORATIONS  
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## STATE OF MINNESOTA SECRETARY OF STATE

## AMENDMENT OF ARTICLES OF INCORPORATION

READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

1. Type or print in black ink.
2. There is a \$35.00 fee payable to the Secretary of State (YOUR CANCELLED CHECK IS YOUR RECEIPT) for filing this "Amendment of Articles of Incorporation".
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

Palms of Largo Intergenerational Community Foundation, Inc.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

05/30/1990

Format (mm/dd/yyyy)

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form \_\_\_\_.)

ARTICLE 1

The name of the corporation shall be Caregivers Support Network.

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

(Signature of Authorized Person)

Name and telephone number of contact person: Susan Reiter(612) 618-1682

Please print legibly

If you have any questions please contact the Secretary of State's office at (651)296-2803.

MAIL TO: Secretary of State  
Corporate Division  
180 State Office Building  
100 Rev. Dr. Martin Luther King Jr. Blvd  
St. Paul, MN 55155-1299

(No walk-in service available at this location for corporate, UCC or notary)

STATE OF MINNESOTA  
DEPARTMENT OF STATE  
FILED

MAR 05 2007

*Mark Ritchie*  
Secretary of State

Walk-in service is available at our public counter located in the Minnesota State Retirement System Bldg, 80 Empire Drive, Suite #100, St. Paul, MN 55103.

All of the information on this form is public and required in order to process this filing. Failure to provide the requested information will prevent the Office from approving or further processing this filing.

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