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Upper Cape Realty

Specializing in year-round resort living on Cape Cod

CORP.



Residential, Commercial
and Investment Properties

Main Office: 3220 Cranberry Highway • P.O. 270 • Buzzards Bay, MA 02532 • Phone (508) 759-2121 Fax (508) 759-9850
email: info@uppercaperealty.com • website: www.uppercaperealty.com

December 29, 2009

Via Express Mail EO 042810485US

Amendment Sections
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

RE: Cape & Islands Realty – Annual Report
Document #P93000071312

Dear Sir or Madam:

Enclosed please find the Annual Report, Cover Letter, Articles of Amendment, Cover Letter, Officer/Director for a Corporation, along with a check for \$35.00 for the filing fee.

Please feel free to contact our office if you should have any questions.

Thank you,

Marie Treichel, Admin. Asst.

Enc.

☐ SAGAMORE, 02561
P.O. Box 296
Exit 1, Rt. 6, Mid Cape Hwy.

☐ WAREHAM, 02571
246 Sandwich Rd.
(508) 295-3330

☐ FALMOUTH, 02540
114 Palmer Ave., Rt. 28
(508) 540-2259

☐ MARTHA'S VINEYARD, 02568
Beach Street Ext.
P.O. Box 2340, Vineyard Haven
(508) 820-5370

☐ CAPE & ISLANDS
267 h Collier Blvd.
Marco Island, FL 34145
(239) 642-1217

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Cape And Islands Realty Corp.

DOCUMENT NUMBER: P93000071312

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

Please return all correspondence concerning this matter to the following:

Nancy S. Angus
Name of Contact Person

Cape And Islands Realty Corp.
Firm/ Company

3220 Cranberry Highway, P.O. Box 270
Address

Buzzards Bay, MA 02532
City/ State and Zip Code

nsangus@uppercaperealty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy S. Angus at (508) 759-2121
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:

- | | | | |
|------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA
t. of State)

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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>
P	Nancy S. Angus	37 Ships Way Bourne, MA 02532	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VST	Donald H. Angus	6 Jefferson Shores Road Buzzards Bay, MA 02532	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Donald H. Angus	6 Jefferson Shores Road Buzzards Bay, MA 02532	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____

(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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."

(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Donald H Angus

(Typed or printed name of person signing)

VPTS

(Title of person signing)