

759071

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(Business Entity Name)

(Document Number)

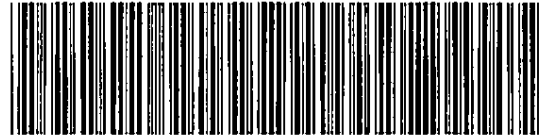
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FILED  
2021 NOV 12 AM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 NOV 12 PM 8:05

October 18, 2021

SUZY GLAD  
P.O. BOX 291844  
PORT ORANGE, FL 32129 US

SUBJECT: SANDS POINT HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: 759071

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 FIRST PAGE OF THE DOCUMENT IS MISSING, PLEASE COMPLETE THE ATTACHED COPY.

✓ Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

*Please see attached.*

If you have any questions concerning the filing of your document, please call (850) 245-6050.

*Thank you.*

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 521A00025350

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SANDS POINT HOMEOWNERS ASSOCIATION, LLC

DOCUMENT NUMBER: 759071

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

Please return all correspondence concerning this matter to the following:

SUZY GLAD  
(Name of Contact Person)

SUSAN GLAD BOOKKEEPING, LLC  
(Firm/ Company)

P.O. Box 291844  
(Address)

PORT ORANGE, FL 32129  
(City/ State and Zip Code)

SUZYGAD1967@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUZY GLAD at 386-334-0023  
(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 checked="" 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2021 NOV 12 AM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
(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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office 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.)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example.

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>RANDALL CARSON</u>	<u>The Village of Pine Ridge</u> <u>3151 Blackstock way</u> <u>The Villages, FL 32153</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>P</u>	<u>DOLORES WAKE</u>	<u>1347 ARDEN DR SW</u> <u>MARIETTA, GA 30068</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>CAL THOMPSON</u>	<u>1530 WYNGATE DR</u> <u>DELAND, FL 32124</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Peter Boye</u>	<u>4025 DUNEY RD</u> <u>Titusville, FL 32796</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <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)

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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 10/1/2021

Signature *Dolores T. Wake*

(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)

DOLORES T. WAKE  
(Typed or printed name of person signing)

PRESIDENT, SANDS POINT HOMEOWNERS ASSOC, INC.  
(Title of person signing)