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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Summerfield Master Community Association, Inc.

**DOCUMENT NUMBER:** N04058

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

Please return all correspondence concerning this matter to the following:

Antonio Duarte, III  
(Name of Contact Person)

Antonio Duarte, III, P.A.  
(Firm/ Company)

6221 Land o' Lakes Blvd.  
(Address)

Land o' Lakes, FL 34638  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Antonio Duarte, III at ( 813 ) 676-0404  
(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:

☐ \$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

Articles of Amendment  
to  
Articles of Incorporation  
of

Summerfield Master Community Association, Inc.

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

N04058

(Document Number of Corporation (if known))

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TALLAHASSEE, FLORIDA

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*

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

(attach additional sheets, if necessary). (Be specific)

**See Attached Exhibit A**

[illegible]

The date of each amendment(s) adoption: January 6, 2010  
(date of adoption is required)

Effective date if applicable: upon filing  
(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 1/15/10

Signature Leeann Daley  
(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)

Leeann Daley  
(Typed or printed name of person signing)

President  
(Title of person signing)

The Article of Incorporation, Article VIII is to be amended to read as follows:

The affairs of this Association shall be managed by a Board of Directors initially composed of ~~three (3)~~ seven (7) Directors, who need not be members of the Association. ~~The number of Directors may be changed by amendment to the By Laws of this Association but shall never be less than three (3). The Directors shall be divided into three (3) classes: Class A, Class B and Class C. The term of office for all Directors shall be one (1) year with a maximum of two (2) members of the same Neighborhood Designation (ie South Cove, Aberdeen) being allowed to serve at any one time. This includes any Neighborhood Designation that is a sub-association and this limit shall not be lowered by an amendment to the By-Laws. Should a vacancy occur on the Board, the Board shall appoint a replacement within forty-five (45) days.~~ three (3) years, except that the term of the office of the initial Class A Director shall expire at the first annual meeting of the members, the term of office of the initial Class B Director shall expire at the second annual meeting of the members, and the term of the office of the initial Class C Director shall expire at the third annual meeting of the members. The names and addresses of the person who are to act in the capacity of Directors until their successors are elected and qualify, unless they sooner shall die, resign, or are removed, are:

Name	Address
Class A Director	
Robert Floyd	2536 Countryside Boulevard Suite 610 Clearwater, Florida 33575
Class B Director	
Larry S. Brook	2536 Countryside Boulevard Suite 610 Clearwater, Florida 33575
Class C Director	
Robert C. Wallace	2536 Countryside Boulevard Suite 610 Clearwater, Florida 33575

## EXHIBIT A