

NO9660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

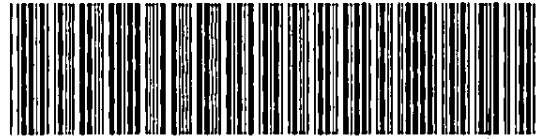
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2021 FEB-19 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FL

AB



February 11, 2021

To: Mr. George Keane
1200 SW 21st Court
Fort Lauderdale, Florida 33315

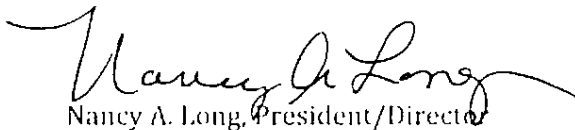
RE: NOTICE OF REMOVAL OF TITLE AND RESPONSIBILITIES ASSOCIATED WITH SUCH TITLE,
BY ORDER OF OFFICERS OF THE BOARD OF DIRECTORS

DATE: February 11, 2021, 2020

TO: Mr. George Keane

I am writing to you in my capacity as the President and Directing Officer of the River Oaks Civic Association, Inc. ("Association"). At the February 10, 2020 monthly board meeting, a motion was made to relieve you of your duties as Treasurer of the Association. The directors in attendance voted, and by a quorum vote the motion passed. As of the above date, your title and duties are hereby revoked. The decision was done in accordance with River Oaks By-Laws, Published 2021, Page 3, Duties of the Treasure, and Page 4 Paragraph 6. The reason for the motion was a failure to meet the position's obligations."

River Oaks Civic Association Inc.


Nancy A. Long, President/Director

Cc: Attendees
Whitney Dutton, 1st Chair Vice President
Andrea Leckey 2nd Chair Vice President
Frances Antonelli 1st Chair Secretary

RIVER OAKS CIVIC ASSOCIATION, INC.
PO BOX 22045
FORT LAUDERDALE, FLORIDA 33315
EMAIL ROCARIVEROAKSCOMMUNITY@OUTLOOK.COM

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RIVER OAKS CIVIC ASSOCIATION INC

DOCUMENT NUMBER: Document Number N09660

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

Please return all correspondence concerning this matter to the following:

NANCY A. LONG

(Name of Contact Person)

RIVER OAKS CIVIC ASSOCIATION INC.

(Firm/ Company)

2361 SW 18TH AVENUE

(Address)

FORT LAUDERDALE, FLORIDA 33315

(City/ State and Zip Code)

ROC.RIVEROAKS.COMMUNITY@OUTLOOK.COM

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

For further information concerning this matter, please call:

NANCY A. LONG

(Name of Contact Person)

954

at

(Area Code)

294-8488

(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) **OK 6070**

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 FEB 19 PM 4:04

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

RIVER OAKS CIVIC ASSOCIATION INC.

SECRETARY OF STATE
TALLAHASSEE, FL

(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: _____ *(if not a 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)

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; R = Justice; 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 PT 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>TRES</u>	<u>GEORGE KEANEY</u>	<u>PO BOX 22045</u> <u>FORT LAUDERDALE, FL. 33335</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>

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

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 02/11/2021

Signature 
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator or in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

NANCY A. LONG

(Typed or printed name of person signing)

President / Manager
(Title of person signing)