

# N20000013750

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

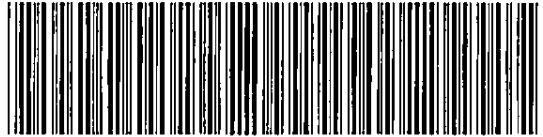
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200421738882

*Amend*

FILED  
2024 FEB -9 AM 11:08  
2024 FEB -9 AM 11:16

RECEIVED

A. RAMSEY  
FEB 12 2024



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 02/09/24  
Order #: 1417309-1  
Re: Peace River Landing Homeowners' Association, Inc.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:  
I20000000195 Authorization:

Please take the following action:  
File in your office on basis  
Issue Proof of Filing

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the 'Authorization:' line.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Peace River Landing Homeowners' Association, Inc.

DOCUMENT NUMBER: N20000013750

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

Please return all correspondence concerning this matter to the following:

Legal Dept

\_\_\_\_\_  
(Name of Contact Person)

Progress Residential, LLC

\_\_\_\_\_  
(Firm/ Company)

PO BOX 4090

\_\_\_\_\_  
(Address)

Scottsdale, AZ 85256

\_\_\_\_\_  
(City/ State and Zip Code)

legal@progressresidential.com

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

For further information concerning this matter, please call:

Legal Dept

480

588-6121

at

\_\_\_\_\_  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Peace River Landing Homeowners' Association, Inc.

2024 FEB -9 AM 11:08

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

N20000013750

(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)

7500 N. Dobson Rd., Suite 300

Scottsdale, AZ 85256

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7500 N. Dobson Rd., Suite 300

Scottsdale, AZ 85256

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:

Corporation Service Company

1201 Hays Street, Tallahassee, FL 32301

(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><br>(Check One)   | <u>Title</u> | <u>Name</u>             | <u>Address</u>   |
|--|--------------|-------------------------|--|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove | <u>PD</u>    | <u>Landon Tomas</u>     | <u>10541 BEN C. PRATT SIX MILE CYPRESS PKWY, Ste 100</u><br><u>Fort Meyers, FL 33966</u> |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove | <u>VPD</u>   | <u>Debra Thomas</u>     | <u>10541 BEN C. PRATT SIX MILE CYPRESS PKWY, Ste 100</u><br><u>Fort Meyers, FL 33966</u> |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove | <u>STD</u>   | <u>Rebecca Sarver</u>   | <u>10541 BEN C. PRATT SIX MILE CYPRESS PKWY, Ste 100</u><br><u>Fort Meyers, FL 33966</u> |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | <u>PD</u>    | <u>Melanie Gerspser</u> | <u>7500 N. Dobson Rd., Suite 300</u><br><u>Scottsdale, AZ 85256</u>                      |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | <u>VSD</u>   | <u>Emily Leppert</u>    | <u>7500 N. Dobson Rd., Suite 300</u><br><u>Scottsdale, AZ 85256</u>                      |
| 6) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | <u>TID</u>   | <u>Joseph Bieret</u>    | <u>7500 N. Dobson Rd., Suite 300</u><br><u>Scottsdale, AZ 85256</u>                      |

E. If amending or adding additional Articles, enter change(s) here:

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

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☐ 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 01/01/2024 \_\_\_\_\_

Signature Joseph Bieret  
(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)

Joseph Bieret  
\_\_\_\_\_  
(Typed or printed name of person signing)

Treasure, Director  
\_\_\_\_\_  
(Title of person signing)