

N97 000005921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

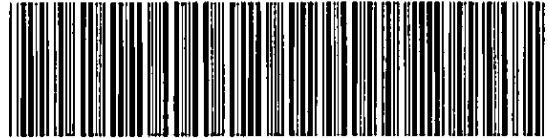
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800366434868

05/26/21--01013--024 **\$2.50

R. WHITE

JUL 15 2021



RECEIVED

2021 JUL 12 PM 1:40

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2021

THERESA COSTELLO
2465 US HWY 1 S, PMB 78
ST AUGUSTINE, FL 32086

SUBJECT: THE SANCTUARY PROPERTY OWNERS' ASSOCIATION OF ST.
AUGUSTINE, INC.
Ref. Number: N97000005921

We have received your document for THE SANCTUARY PROPERTY OWNERS' ASSOCIATION OF ST. AUGUSTINE, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ATTACHED DOCUMENT BEING SENT BACK IS THE CORRECT FORM PER STATUTE 617.

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

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

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 621A00015127

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Sanctuary Property Owners' Association of St Augustine, Inc.

DOCUMENT NUMBER: N97000005921

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

Please return all correspondence concerning this matter to the following:

Theresa Costello

(Name of Contact Person)

The Sanctuary Property Owners Association of St. Augustine Inc.

(Firm/ Company)

2465 U.S. Hwy 1 S., PMB 78

(Address)

St. Augustine, FL 32086

(City/ State and Zip Code)

Sanctuaryhoa@gmail.com

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

For further information concerning this matter, please call:

Theresa Costello

(Name of Contact Person)

at 904-806-2870

(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 checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|---|

per letter
#621 A00015127

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

The Sanctuary Property Owners Association of St. Augustine, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N 9000005921

(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:

N/A

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)

2161 Wood Stork Avenue

St. Augustine, FL 32084

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2465 US Hwy 1 S, PMB 78

St. Augustine, FL 32086

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:

N/A

(Florida street address)

New Registered Office Address:

N/A

(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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>T</u>	<u>Theresa Costello</u>	<u>2465 US Hwy 1 S, PMB 78</u> <u>St. Augustine FL 32086</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
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)

N/A

- ☐ 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 July 8, 2021

Signature Theresa Costello
(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)

Theresa Costello
(Typed or printed name of person signing)

Treasurer
(Title of person signing)