

719168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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(Business Entity Name)

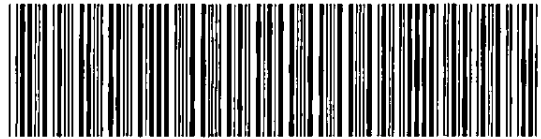
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2024 SEP 16 AM 8:30
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

112

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GULF GATE GARDEN HOMES ASSOCIATION, INC.

DOCUMENT NUMBER: 719168

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

Please return all correspondence concerning this matter to the following:

KATHLEEN RAYSON

(Name of Contact Person)

GULF GATE GARDEN HOMES ASSOCIATION, INC.

(Firm/ Company)

P.O. Box 21274

(Address)

SARASOTA, FLORIDA 34276-4274 USA

(City/ State and Zip Code)

941GGGHA@gmail.com

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

For further information concerning this matter, please call:

POLLY CLARKE

(Name of Contact Person)

at (941) 924-4963

(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

GULF GATE GARDEN HOMES ASSOCIATION, INC

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

719168

(Document Number of Corporation (if known))

2024 SEP 16 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FL

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)

KATHLEEN RAYSON

2456 TERRY LN

SARASOTA, FL 34231

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

GULF GATE GARDEN HOMES ASSN

P.O. Box 21274

SARASOTA, FL 34276-4274

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:

KATHLEEN RAYSON

2456 TERRY LN

(Florida street address)

New Registered Office Address:

SARASOTA

(City)

Florida

34231

(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.

K. E. Rayson

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>FERRELL, JUDY</u>	<u>2334 TERRY LN</u> <u>SARASOTA, FL 34231</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VP</u>	<u>KAVLICH, PAUL</u>	<u>2318 TERRY LN</u> <u>SARASOTA, FL 34231</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>SEC</u>	<u>KAVLICH, LORI</u>	<u>2318 TERRY LN</u> <u>SARASOTA, FL 34231</u>
<input checked="" type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>T</u>	<u>ROLE, FRANK</u>	<u>2444 TERRY LN</u> <u>SARASOTA, FL 34231</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>C</u>	<u>KENDALL, THOMAS</u>	<u>2427 TERRY LN</u> <u>SARASOTA, FL 34231</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>CO-C</u>	<u>RAYSON, KATHLEEN</u>	<u>2456 TERRY LN</u> <u>SARASOTA, FL 34231</u>
<input type="checkbox"/> Remove			

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

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

N/A

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.

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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>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>KENDALL, BEVERLY</u>	<u>2427 TERRY LN</u> <u>SARASOTA, FL 34231</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>VASTOLA, GIANNA</u>	<u>2447 TERRY LN</u> <u>SARASOTA, FL 34231</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>CLARKE, PAULETTE</u>	<u>2436 TERRY LN</u> <u>SARASOTA, FL 34231</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>TOOMEY, DOROTHY</u>	<u>2324 TERRY LN</u> <u>SARASOTA, FL 34231</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: N/A
(attach additional sheets, if necessary). (Be specific)

[Lined area for amendments, crossed out with a diagonal line]

The date of each amendment(s) adoption: JULY 23, 2024, if other than the date this document was signed.

Effective date if applicable: JULY 23, 2024
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 7/23/2024

Signature K. E. Rayson
(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)

KATHLEEN E. RAYSON
(Typed or printed name of person signing)

CO-CHAIRPERSON
(Title of person signing)