

723141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies



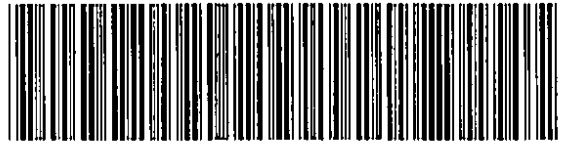
Certificates of Status

Special Instructions to Filing Officer:

Received Emailed corrections.
from E. King on 8/14/2018, with
changes to officer/Directors.

SS

Office Use Only



400315728904

07/16/18--01036--026 **49.15

S TALLENT

AUG 14 2018

FILED
18 AUG 14 PM 4:18
CLERK OF COURT
JANESVILLE, WI

FILED

FILED

Hand



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2018

SUSAN GLAD
SUSAN GLAD BOOKKEEPING LLC
157 BRANDY HILLS DR
PORT ORANGE, FL 32129

SUBJECT: MADEIRA VILLA ASSOCIATION, INC.
Ref. Number: 720141

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 718A00014758

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MADEIRA VILLA ASSOCIATION INC

DOCUMENT NUMBER: 720141

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

Please return all correspondence concerning this matter to the following:

SUSAN GLAD

(Name of Contact Person)

SUSAN GLAD BOOKKEEPING LLC

(Firm/ Company)

157 BRANDY HILLS DR

(Address)

PORT ORANGE, FL 32129

(City/ State and Zip Code)

PETESUE3@EARTHLINK.NET

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

For further information concerning this matter, please call:

Susan Glad

(Name of Contact Person)

at

386 763-5088

(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

MADEIRA VILLA ASSOCIATION, INC.

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

720141

(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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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

New Registered Office Address:

(Florida street 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.

N/A

Signature of New Registered Agent, if changing

FILED

18 AUG 16 PM 4:18

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

(TOTAL OF 10 OFFICERS FOR
2018-2019)

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>ELAINE KING</u>	<u>2810 OCEAN SHORE BLVD</u> <u>UNIT # 29</u> <u>ORMOND BEACH, FL 32176</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TS</u>	<u>STEVE PERRY</u>	<u>2810 OCEAN SHORE BLVD</u> <u>UNIT # 7</u> <u>ORMOND BEACH, FL 32176</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>JIMMY GIOINO</u>	<u>2810 OCEAN SHORE BLVD</u> <u>UNIT # 28</u> <u>ORMOND BEACH, FL 32176</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>MARK NICHOLS</u>	<u>105 RAIN TREE CT</u> <u>NICHOLASVILLE, KY 40356</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>JAN DRABCUK</u>	<u>776 LONG LAKE DR</u> <u>ONIEDO, FL 32765</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>HANK PULIZZI</u>	<u>11814 COLDSTREAM DR</u> <u>POTOMAC, MD 20854</u>

CONTINUED ON ADDITIONAL SHEET

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

Example:

☒ Change
☒ Remove
☒ Add

PT John Doe
V Mike Jones
SV Sally Smith

~~ADDITIONAL SHEET~~

Type of Action
(Check One)

Title

Name

Address

7)

☒ Change
☒ Add
☐ Remove

D

KEVIN BROGAN

2810 OCEAN SHORE BLVD

UNIT # 2

ORMOND BEACH, FL 32176

8)

☒ Change
☒ Add
☐ Remove

D

EVE CINELL-NAHABEDIAN

2810 OCEAN SHORE BLVD

UNIT # 31

ORMOND BEACH, FL 32176

9)

☒ Change
☒ Add
☐ Remove

D

TIM MAHAN

2810 OCEAN SHORE BLVD

UNIT # 6

ORMOND BEACH, FL 32176

10)

☒ Change
☒ Add
☐ Remove

D

MICHELLE OLIVER

2810 OCEAN SHORE BLVD

UNIT # 11

ORMOND BEACH, FL 32176

11)

☒ Change
☒ Add
☐ Remove

D

LINDA WALNOCK

2810 OCEAN SHORE BLVD

UNIT # 12

ORMOND BEACH, FL 32176

12)

☒ Change
☐ Add
☐ Remove

D

FRED GOODWIN

2810 OCEAN SHORE BLVD

UNIT # 1

ORMOND BEACH FL 32176

(CONTINUING FROM LAST YEAR)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

The date of each amendment(s) adoption: JULY 9, 2018 it other than the date this document was signed.

Effective date if applicable: _____
(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 8/14/18

Signature Elaine King
(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)

ELAINE KING
(Typed or printed name of person signing)

OUTGOING SECRETARY
(Title of person signing)