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R. WHITE.

CIANFRONE, NIKOLOFF, GRANT & GREENBERG, P.A.

ATTORNEYS AT LAW

1964 Bayshore Blvd., Suite A Dunedin, Florida 34698 (727) 738-1100 Fax (727) 733-0042 www.attorneyjoe.com law@attorneyjoe.com Tiffany@attorneyjoe.com

Stephan C. Nikoloff, Esq.* Tiffany A. Grant, Esq. Daniel J. Greenberg, Esq.

*also admitted in PA

Kaley R. Witeck, Esq. Joseph R. Cianfrone, Esq. Of Counsel

January 9, 2019

VIA PRIORITY MAIL

Florida Department of State Division of Corporations ATTN: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Re: Articles of Amendment as to Articles of Incorporation

and Change of Registered Agent

For Anchorage Homeowner's Association, Inc.

Dear Sir/Madame:

Enclosed please find Articles of Amendment to the Articles of Incorporation, and Change of Registered Agent for Anchorage Homeowner's Association, Inc.

A check made payable to the Florida Department of State in the amount of \$35.00 is enclosed for the Division's fees.

Sincerely,

Daniel J. Greenberg, Esq.

DJG:dls Enclosures



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2019

DANIEL J. GREENBERG ESQ 1964 BAYSHORE BLVD STE A DUNEDIN, FL 34698

SUBJECT: ANCHORAGE HOMEOWNER'S ASSOCIATION, INC.

Ref. Number: 724850

We have received your document for ANCHORAGE HOMEOWNER'S ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Letter Number: 019A00001320

Rebekah White Regulatory Specialist II

ICEIVED

2019 JAN 31 PM 12: 18 SECRE PANTO, CHATA TALLABASSEC, PL

Articles of Amendment to Articles of Incorporation of

FILED

Anchorage Homeowner's Association, Inc.

2019 JAH 31 PH 12: 55

| Anchorage fromcowner's Association, inc. | | | 1112.00 |
|--|-----------------------|----------------------------|---|
| (Name of Corporation | n as currently | filed with the Florid | da Dept. of State) |
| 724850 | | | TALLA IACCEE, FL |
| (Docur | ment Number o | of Corporation (if kno | own) |
| Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation: | orida Statutes, t | his <i>Florida Not For</i> | Profit Corporation adopts the following |
| A. If amending name, enter the new name of the | e corporation: | <u>.</u> | 1 |
| N/A | | | The n e |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam | | " or "incorporated" | or the abbreviation "Corp," or "Inc. |
| B. Enter new principal office address, if applica | | N/A | |
| (Principal office address <u>MUST BE A STREET A</u> | <u>1DDRESS</u>) — | | _ |
| | _ | <u></u> | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | BOX) | NA | |
| | | , | |
| | | _ | |
| D. If amending the registered agent and/or regi | — istered office a | ddress in Florida, e | nter the name of the |
| new registered agent and/or the new register | | | |
| Name of New Registered Agent: | Cianfrone, N | ikoloff, Grant & Gre | enberg, P.a. |
| | 1964 Baysho | re Boulevard, Suite / | ١ |
| New Registered Office Address: | ; | (Flor | rda street address) |
| | Dunedin | | . Florida |
| | | City) | (Zip Code) |
| New Registered Agent's Signature, if changing I | | | |
| hereby accept the appointment as registered agen | nt. I am famili | ar with and accept to | ne obligations of the position. |
| | | ·) | |
| • | Signe | unre of New Register | red 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: X Change X Remove X Add | $\underline{\mathbf{V}}$ $\underline{\mathbf{M}}$ | <u>hn Doe</u> ike Jones Ily Smith | |
|----------------------------------|---|---|-----------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | PD | MARY ELLEN WARE | 2200 PORTSIDE PASSAGE |
| X Add | | | PALM HARBOR, FL 34685 |
| Remove | | | |
| 2) Change | PD | DICK M EBOLD | 809 LEEWARD WAY |
| Add | | | PALM HARBOR, FL 34685 |
| XRemove | | | |
| 3) Change | <u>s</u> | LISA MINICH | 2127 PORTSIDE PASSAGE |
| Add | | | PALM HARBOR, FL 34685 |
| X Remove | | | |
| 4) Change | S | BARBARA KANEHL | 2113 CROWSNEST DRIVE |
| X Add | | | PALM HARBOR, FL 34685 |
| Remove | | | |
| 5) Change | VPT | DAVID A. EVANS | 735 LEEWARD WAY |
| Add | | | PALM HARBOR, FL 34685 |
| X Remove | | | |
| 6)Change | Т | GORDON SMITH | 1131 MAINSAIL CIRCLE |
| X Add | | - | PALM HARBOR, FL 34685 |
| Remove | | | |

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 = ChiefExecutive 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 Y. 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: X Change X Remove X Add | \underline{V} \underline{Mi} | nn Doe ke Jones lly Smith | |
|----------------------------------|----------------------------------|---------------------------------|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | D | JOE MOLE | 1120 LANYARD STREET |
| Add | | | PALM HARBOR, FL 34685 |
| X Remove | | | |
| 2) Change | D | BRENDAN SULLIVAN | 1219 MAINSAIL WAY |
| X Add | | | PALM HARBOR, FL 34685 |
| Remove | 5 | | - · · · · · · · · · · · · · · · · · · · |
| 3) Change | | LYNN ENGERS | 816 WINDWARD WAY |
| Add | | | PALM HARBOR, FL 34685 |
| X Remove | | | |
| 4) Change | D | GRETCHEN WORTH | 1131 MAINSAIL CIRCLE |
| X Add | | | PALM HARBOR, FL 34685 |
| Remove | | | - |
| 5) Change | | - | ! |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | Page 2 of 1 | |

| If amending or adding additional A (attach additional sheets, if necessary | Articles, enter ch | nange(s) here:) | | |
|--|--------------------|---------------------|---|-------------|
| NA | , , | | | |
| N/A | | | · · · · · · · · · · · · · · · · · · · | |
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| | date of each amendment(s) adoption: | N/A | | , if other than the |
|-----|--|---|-------------------------------------|---------------------|
| | this document was signed. ctive date if applicable: | N/A | | |
| | (n | o more than 90 days after amendme | ent file date) | |
| | e: If the date inserted in this block does to the Department of the Department | | ing requirements, this date will no | ot be listed as the |
| Ado | ption of Amendment(s) | CHECK ONE) | | |
| | The amendment(s) was/were adopted by was/were sufficient for approval. | the members and the number of ve | otes east for the amendment(s) | |
| K | There are no members or members entit adopted by the board of directors. | led to vote on the amendment(s). T | The amendment(s) was/were | |
| | 1-8-2019 Dated | | | |
| | Signature Mary { | Ellen Ware | | <u> </u> |
| | have not been selecte | ice chairman of the board, presidened, by an incorporator – if in the hard fiduciary by that fiduciary) | | |
| | MARY ELLEN V | VARE | | |
| | | (Typed or printed name of pe | erson signing) | |
| | PRESIDENT | | | <u> </u> |
| | | (Title of person si | igning) | |