

725715

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*And 9/24/10*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ONE THOUSAND OAKS, INC.

DOCUMENT NUMBER: 725715

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

Please return all correspondence concerning this matter to the following:

SHERI VIERA

(Name of Contact Person)

P+R HOUSING MANAGEMENT CORP.

(Firm/ Company)

5516 COMMERCE DR, STE B-100

(Address)

ORLANDO, FL 32839

(City/ State and Zip Code)

PRHOUSEMGT@AOL.COM

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

For further information concerning this matter, please call:

SHERI VIERA, LCAM

(Name of Contact Person)

at ( 407 ) 841-6248

(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

ONE THOUSAND OAKS, INC.

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

725715

(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)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(City) (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

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*(Attach additional sheets, if necessary)*

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

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

ADDRESS CHANGE FOR ALL SIX (7) BOD MEMBERS.

(ATTACHED)

- OR -

Business to serve as RA

Street Address In Florida P AND R HOUSING MANAGEMENT CORP (PO Box not acceptable)  
Suite, Apt. #, etc. 5516 COMMERCE DR., STE B-100  
City, State ORLANDO, FL  
Zip Code & Country 32839 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

## Officer/Director Name And Address

### Name And Address #1

Title S  
Name (Last, First, Middle, Title) REBER, JOHN (Sr., Jr., etc...)

- OR -

Entity Name to serve as Officer/Director

Street Address 966B E. Michigan Street  
City, State ORLANDO, FL  
Zip Code & Country 32806

### Name And Address #2

Title T  
Name (Last, First, Middle, Title) SPEEDY, JILL (Sr., Jr., etc...)

- OR -

Entity Name to serve as Officer/Director

Street Address 940B E. Michigan Street  
City, State ORLANDO, FL  
Zip Code & Country 32806

### Name And Address #3

Title D  
Name (Last, First, Middle, Title) WARD, BRYCE (Sr., Jr., etc...)

- OR -

Entity Name to serve as Officer/Director

Street Address

946B E. Michigan Street

City, State

ORLANDO

FL

Zip Code &amp; Country

32806

**Name And Address #4**

Title

D

Name (Last, First, Middle, Title)

O'BRIEN

BRENDA

(Sr., Jr., etc...)

- OR -

Entity Name to serve as Officer/Director

Street Address

990B E. Michigan Street

City, State

ORLANDO

FL

Zip Code &amp; Country

32806

**Name And Address #5**

Title

P

Name (Last, First, Middle, Title)

AGOE

FAYE

(Sr., Jr., etc...)

- OR -

Entity Name to serve as Officer/Director

Street Address

1058A E. Michigan Street

City, State

ORLANDO

Zip Code &amp; Country

32806

**Name And Address #6**

Title

D

Name (Last, First, Middle, Title)

FOSTER

DAVE

(Sr., Jr., etc...)

- OR -

Entity Name to serve as Officer/Director

Street Address

1068A E. Michigan Street

City, State

ORLANDO

FL

Zip Code &amp; Country

32806

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter

617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Title

P

Officer/Director Signature FAYE C. AGOES

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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The date of each amendment(s) adoption: 8/30/2010  
(date of adoption is required)  
Effective date if applicable: 8/30/2010  
(no more than 90 days after amendment file date)

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 \_\_\_\_\_

Signature \_\_\_\_\_

(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)

PAMELA R. WOLTERS  
(Typed or printed name of person signing)

MANAGER  
(Title of person signing)