

725989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

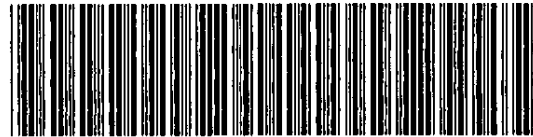
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/11/17--01006--008 **35.00

S TALLENT

MAY 03 2017

Amend

FILED
17 APR 21 PM 5:18
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

April 27, 2017
(Sent in)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2017

MICHAEL D. KERNS PRESIDENT
LEISURE TIME MOBILE HOME ESTATES PROPERTY
1042 CR 461
LAKE PANASOFFKEE, FL 33538

SUBJECT: LEISURE TIME MOBILE HOME ESTATES PROPERTY OWNERS
ASSOCIATION, INC.
Ref. Number: 725989

RECEIVED
17 APR 21 PM 12:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

- ✓ The current name of the entity is as referenced above. Please correct your document accordingly.
- NOTE IF THERE IS A NEW PRINCIPAL ADDRESS, PLEASE ADD IT TO THE AMENDMENT FORM.
- ✓ PLEASE REMOVE BOB CONNOR FROM PAGE 2 OF 4.
- ✓ PLEASE REMOVE INFORMATION PERTAINING TO BY-LAWS ON PAGE 3 OF 4.
- ✓ ON PAGE 4 OF 4, PLEASE USE THE ADOPTION DATE OR A CURRENT DATE FOR THE ONE ABOVE THE SIGNATURE.
- ✓ Bylaws are not filed with this office. Please retain them for your records.
- ✓ 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: 317A00007009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Leisure Time Mobile Home Estates Property Owners Assn., Inc.

DOCUMENT NUMBER: 725989

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

Please return all correspondence concerning this matter to the following:

Mike Kerns

(Name of Contact Person)

Leisure Time Mobile Home Estates Property Owners Assn Inc

(Firm/ Company)

1042 CR 461

(Address)

Lake Panasoffkee, FL 33538

(City/ State and Zip Code)

Kerns 12@gmail.com ✓

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Kerns

(Name of Contact Person)

at 814-441-6654

(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

LEISURE TIME MOBILE HOME ESTATES PROPERTY OWNERS ASSOCIATION, INC.

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

725989

(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)

(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:

<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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Lynn Kreger</u>	<u>965 CR 461</u> <u>Lake Panasoffkee, FL</u> <u>33538</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Vickie Koehler</u>	<u>886D Township HWY 122</u> <u>Upper Sandusky, OH</u> <u>43351</u>
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	_____	_____	_____ _____ _____

[illegible]

The date of each amendment(s) adoption: March 15, 2017, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

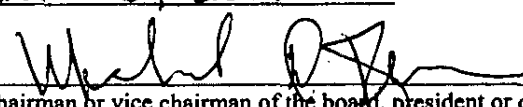
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 March 15, 2017

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)

Michael D. Kerns

(Typed or printed name of person signing)

President

(Title of person signing)