

732489

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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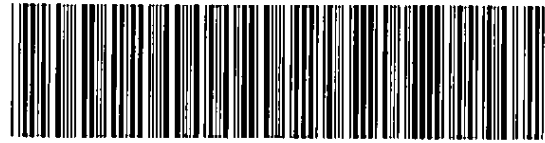
(Business Entity Name)

(Document Number)

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 7/12/2021

NAME: WEST VIC HOLIDAY SANDS PROPERTY OWNERS
ASSOCIATION, INC.

TYPE OF FILING: AMENDMENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2021

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: WES VIC HOLIDAY SANDS PROPERTY OWNERS' ASSOCIATION, INC.

Ref. Number: 732489

We have received your document for WES VIC HOLIDAY SANDS PROPERTY OWNERS' ASSOCIATION, INC. and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

Please check only one option if amending officer/director. You can change, remove or add.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 421A00015954

** Please Keep Original **
File date
Thank you!

Articles of Amendment
to
Articles of Incorporation
of

WES VIC HOLIDAY SANDS PROPERTY OWNERS' ASSOCIATION, INC.

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

732489

(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

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2021 JUL 12 AM 10:00

TALLAHASSEE, FL

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 <input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
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	_____	_____	_____

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

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

****PLEASE SEE ATTACHED FOR AMENDMENTS****

Type of Action	Title	Name	Address
1) <u>Add</u>	<u>D</u>	<u>Scott Rich</u>	<u>1812 Sunny Oak Street, Gulf Breeze, FL 32563</u>
2) <u>Add</u>	<u>P</u>	<u>Andrew Liles</u>	<u>1812 Sunny Oak Street, Gulf Breeze, FL 32563</u>
3) <u>Change</u>	<u>I</u>	<u>Miles Schuler</u>	<u>1664 Sunny Oak Street, Gulf Breeze, FL 32563</u>
4) <u>Remove</u>	<u>S</u>	<u>Nancy Powell</u>	<u>1658 Sunny Oak Street, Gulf Breeze, FL 32563</u>
5) <u>Remove</u>	<u>D</u>	<u>Jay Flowers</u>	<u>P.O. Box 997, Thomasville, GA 31799</u>
6) <u>Remove</u>	<u>D</u>	<u>Kathy Granger</u>	<u>1594 Sunny Oak Street, Gulf Breeze, FL 32563</u>

☒ 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 6/16/2021

Signature Kim C. Green

(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)

Kim C. Green
(Typed or printed name of person signing)

Vice President
(Title of person signing)