

737974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

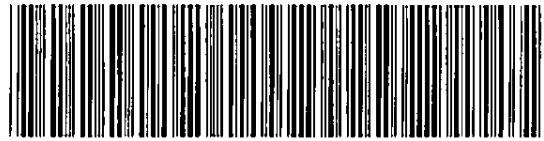
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

*Amend*

MAR 13 2024

D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Honey moon Community Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 737974

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carol VanElsen  
Name of Contact Person  
Honey moon Community Association, Inc.  
Firm/Company  
1100 Curlew RD  
Address  
Dunedin, FL 34698  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)  
carolvanelsen@icloud.com

For further information concerning this matter, please call:

Carol VanElsen at (515) 681-2850  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2024 FEB 28 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of

Honeymoon Community Association, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

737974  
(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**)

1100 Carlew Rd  
Lot #103  
Dunedin FL 34698

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: Carol VanElsen  
1100 Carlew RD Lot 103  
(Florida street address)

New Registered Office Address: Dunedin, Florida 34698  
(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.

Carol VanElsen  
Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |  |          |                        |   |
|--|----------|------------------------|---|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add   | <u>T</u> | <u>Gilliland, Pat</u>  | <u>1100 Curlew Rd Lot 136</u><br><u>Dunedin FL 34698</u>  |
| <input checked="" type="checkbox"/> Remove   |          |                        |   |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add                                    | <u>T</u> | <u>VanElsen, Carol</u> | <u>1100 Curlew Rd Lot 103</u><br><u>Dunedin, FL 34698</u> |
| <input checked="" type="checkbox"/> Remove   |          |                        |   |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | <u>S</u> | <u>LeBlanc, Debra</u>  | <u>1100 Curlew Rd Lot 112</u><br><u>Dunedin FL 34698</u>  |
| <input checked="" type="checkbox"/> Remove   |          |                        |   |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>S</u> | <u>Petty, Susan</u>    | <u>1100 Curlew Rd Lot 70</u><br><u>Dunedin FL 34698</u>   |
| <input type="checkbox"/> Add   |          |                        |   |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |          |                        |   |
| <input type="checkbox"/> Add   |          |                        |   |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |          |                        |   |
| <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)

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

Effective date if applicable: 1/1/24  
*(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 2/2/2024

Signature Gary P. Smith  
(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)

GARY P. SMITH  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)