

745402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



300196259433

02/28/11--01057--009 \*\*35.00

11 MAR 14 AM 10:49

FILED

Amend.  
3/15/11  
DL



RECEIVED MAR 09 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2011

NATALIE PELAND  
RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET NORTH  
SEMINOLE, FL 33777

SUBJECT: CLEARWATER CASCADE HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: 745402

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):

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) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 511A00005421

RECEIVED

11 MAR 14 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Clearwater Cascade HOA

**DOCUMENT NUMBER:** 745402

**PROPERTY:** CWC  
**ACCOUNT #:** 5018 \$ 35.00  
#:            \$             
#:            \$           

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

Please return all correspondence concerning this matter to the following:

**TOTAL:** \$           

**VENDOR #:** 1204  
**APPROVED:** XEP

Natalie Poland

(Name of Contact Person)

Resource Property Management

(Firm/ Company)

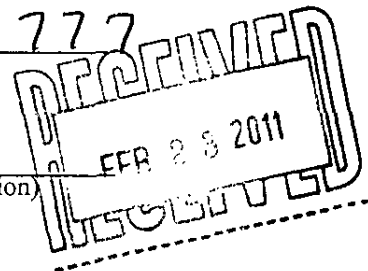
7300 Park Street N

(Address)

Seminole Florida 33777

(City/ State and Zip Code)

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



For further information concerning this matter, please call:

Natalie Poland

(Name of Contact Person)

at (727) 544-8111

(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

Clearwater Cascade Homeowners Association, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

**A. If amending name, enter the new name of the corporation:**

**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

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)

	<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Remove ↓	S	Ron Vought	9790 66 <sup>th</sup> ST N LOT 324 Pinellas Park FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove 33782
Remove ↓	T	DeWood Wood	9790 66 <sup>th</sup> ST N LOT 310 Pinellas Park FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove 33782
Add -	T	Rita Hassett	9790 66 <sup>th</sup> ST N LOT # 157 Pinellas Park FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove 33782

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

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

Add  
S - Gordon McCann 9790 66<sup>th</sup> ST N  
LOT 361  
Pinellas Park FL 3382

The date of each amendment(s) adoption: January 28<sup>th</sup>, 2011  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(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 February 15<sup>th</sup>, 2011

Signature Jane Meinert, President  
(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)

Jane Meinert  
(Typed or printed name of person signing)

President  
(Title of person signing)

This is for Board member Name  
Change ~~only~~ Only