

752384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

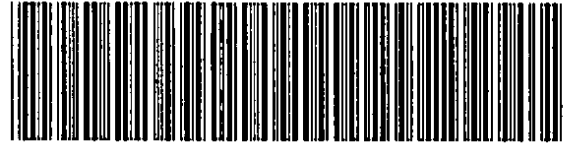
(Document Number)

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2022 JUL 13 PM 4:31
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Amend

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WILKINSON WOODS CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: 752384

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

Please return all correspondence concerning this matter to the following:

MARINA SCARR

(Name of Contact Person)

WILKINSON WOODS CONDOMINIUM ASSOCIATION, INC.

(Firm/ Company)

3479 WILKINSON WOODS DRIVE

(Address)

SARASOTA, FL 34231

(City/ State and Zip Code)

WWSECRETARYSRQ2@GMAIL.COM

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

For further information concerning this matter, please call:

MARINA SCARR

813

2634040

at

(Name of Contact Person)

(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)

previously submitted

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



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 JUN 13 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FL

May 16, 2022

MARINA SCARR
3479 WILKINSON WOODS DRIVE
SARASOTA, FL 34231

SUBJECT: WILKINSON WOODS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 752384

We have received your document for WILKINSON WOODS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 822A00011164

Articles of Amendment
to
Articles of Incorporation
of

WILKINSON WOODS CONDOMINIUM ASSOCIATION, INC.

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

752384

(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**)*

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

3479 WILKINSON WOODS DRIVE

SARASOTA, FL 34231

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)

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>x</u> Change ___ Add ___ Remove	<u>S</u>	<u>MARINA SCARR</u>	<u>3479 WILKINSON WOODS DR</u> <u>SARASOTA, FL 34231</u>
2) <u>x</u> Change ___ Add	<u>T</u>	<u>LYDIA BLOTTA</u>	<u>3475 WILKINSON WOODS DR</u> <u>SARASOTA, FL 34231</u>
3) <u>x</u> Remove ___ Change ___ Add ___ Remove	<u>D</u>	<u>TOM KOWALSKI</u>	<u>3486 WILKINSON WOODS DR</u> <u>SARASOTA, FL 34231</u>
4) ___ Change <u>x</u> Add ___ Remove	<u>D</u>	<u>ROBERT SZPICZYNSKI</u>	<u>3589 WILKINSON WOODS DR</u> <u>SARASOTA, FL 34231</u>
5) ___ Change ___ Add ___ Remove	_____	_____	_____
6) ___ Change ___ Add ___ Remove	_____	_____	_____

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

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

N/A

The date of each amendment(s) adoption: 03/24/22 FOR AMENDMENT #1.2.3; 05/31/22 FOR #4, if other than the date this document was signed.

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

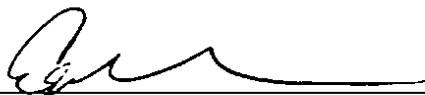
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 03/24/22 AND 05/31/22 _____

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)

ARTIE McNAMARA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)