## 755935

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Nouress)                               |
|   |
| (City/State/Z <sub>I</sub> p/Phone #)   |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Sacrification)                         |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



300413914983

08/15/23--01029--007 \*\*35.00

100 to 13 no 3: 22





## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2023

JANE JENSEN 19737 THE PLACE BLVD ESTERO, FL 33928

SUBJECT: BEACHVIEW HOME OWNERS ASSOCIATION, INC.

Ref. Number: 755935

We have received your document for BEACHVIEW HOME OWNERS 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):

Please ensure that you check one of the adoption of amendment boxes as well as date the last page.

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.

Morgan E Lovett Regulatory Specialist II

Letter Number: 823A00020680

y . . . . 3 " " 3

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: <u>BEACHUIEW HO</u>                                 | ME OWNERS ASSOCIATION, INC  |
|--|---|
| DOCUMENT NUMBER: 755 935   |   |
| The enclosed Articles of Amendment and fee are submitted for             | filing.   |
| Please return all correspondence concerning this matter to the fo        | ollowing:   |
| JANE JENSEN  |   |
| (Name of   | Contact Person)   |
| BEACH VIEW HOME DWNZES   | ASSOCIATION INC   |
| (Firm  | n/ Company)   |
| 19737 THE PLACE BLUD   |   |
| (,   | Address)  |
| ESTERO, FLORIDA 3  | 3928  |
| (City/ Sta   | te and Zip Code)  |
| Jane jensen 0623a) gmai  | 1. com  |
| E-mail address: (to be used for future                                   | annual report notification)   |
| For further information concerning this matter, please call:             | <u>د.</u><br>   |
| / / /  | <u> </u>  |
| JANE JENSEN  | at 410 279-6334 (Area Code) (Daytime Telephone Number).                             |
| (Name of Contact Person)   | (Area Code) (Daytime Telephone Number).   |
| Enclosed is a check for the following amount made payable to t           | he Florida Department of State:   |
|  | d Copy Certificate of Status onal copy is Certified Copy                            |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Street Address Amendment Section Division of Corporations The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

.

| Name of Corporation as currently filed with the Florida De  | ept. of State)  |
|---|---|
| BEACHUIEW HOME OWNERS AS  | SOCIATION, INC.   |
| (Document Number  | r of Corporation (if known)   |
| Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:       | s, this Florida Not For Profit Corporation adopts the following           |
| A. If amending name, enter the new name of the corporation  | The new   |
| name must be distinguishable and contain the word "corporati<br>"Company" or "Co." may not be used in the name.       | on" or "incorporated" or the abbreviation "Corp." or "Inc."               |
| B. Enter new principal office address, if applicable:   | 1217 PAR VIEW DRIVE   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | 1217 PAR VIEW DRIVE<br>SANIBEL, FLORIDA 33957                             |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                               | 1217 PAR VIEW DRIVE<br>SANIBEL, FRORION 33957                             |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad | e address in Florida, enter the name of the                               |
|   | 10 SIEFERT<br>PAR VIEW DRIVE SANIBER FL 33957<br>(Florida street address) |
| New Registered Office Address: 1217   | PAR VIEW DEIVE  |
| <u>341</u>  | (City) . Florida 33.95 \(\sigma\) (Zip Code)                              |
| New Registered Agent's Signature, if changing Registered  | Agent:  |
| I hereby accept the appointment as registered agent. I am fam   | niliar with and accept the obligations of the position.                   |
|   |   |
| Sig   | gnature 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 = Chie                |
| 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:  X Change X Remove X Add                  | PT         John I           V         Mike           SV         Sally | <u>Jones</u>       |  |
|--|---|--------------------|--|
| Type of Action<br>(Check One)                      | Title   | Name               | <u>Addres</u> s                          |
| 1) Change Add                                      | P   | EDWARD HENDRICK    | 1316 An VIEW DAIUE<br>SANIBEL, FL 33957  |
| Remove  2)ChangeAdd                                | P   | Enic SIEKENT       | 1217 PAR VIEW DRIVE<br>SANIGEL, FL 33957 |
| Remove 3 ) Remove Add Remove                       |   |                    |  |
| 4) Change Add                                      | <del></del>   |                    |  |
| Remove  5) Change Add Remove                       |   |                    |  |
| 6) Change Add Remove                               |   |                    |  |
| E. If amending or addir<br>(attach additional shee | ets, if necessary).   |                    |  |
|  | SIEFEN<br>PRESID  | THAS REPLACED EDW. | ann Henorick                             |

|  | 3 (A 0 23<br>A 2 |
|--|------------------|
|  | <del> ;</del>    |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Adoption of Amendment(s) (CHECK ONE)

document's effective date on the Department of State's records.

| Dated   | 10/6/2023  |
|---------|--|
| Signatu | (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 L. JENSEN   |

(Title of person signing)