

759981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

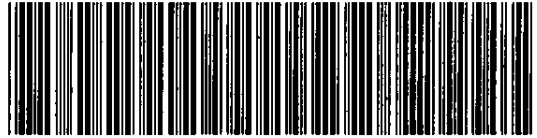
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEC 17 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2009

GEORGE BARRIERE, LCAM
CENTURY MANAGEMENT SERVICES, INC.
1495 NORTH PARK ROAD
WESTON, FL 33326

SUBJECT: CHAPEL TRAIL OWNERS ASSOCIATION, INC.
Ref. Number: 759981

We have received your document for CHAPEL TRAIL 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):

The date of adoption of each amendment must be included in the document.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 109A00037507

RECEIVED
2009 DEC 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Chapel Trail Owners Association, Inc.

DOCUMENT NUMBER: 759981

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

Please return all correspondence concerning this matter to the following:

George Barriere, LCAM

(Name of Contact Person)

Century Management Services, Inc.

(Firm/ Company)

1495 North Park Road

(Address)

Weston, Florida 33326

(City/ State and Zip Code)

George@Centurymanagement.com

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

For further information concerning this matter, please call:

George Barriere, LCAM

(Name of Contact Person)

at (954-) 349-8777

(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

Articles of Amendment
to
Articles of Incorporation
of

FILED

09 DEC 17 AM 9:20

Chapel Trail Owners Association, Inc.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

759981

(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)

N/A

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:

N/A

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

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>
<u>Pres.</u>	<u>Don Reid</u>	<u>19481 NW 8th Street</u> <u>Pembroke pines, FL 33029</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP-1</u>	<u>Eric Garner</u>	<u>1050 NW 187th Avenue</u> <u>Pembroke pines, FL 33029</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP-2</u>	<u>Todd Nelson</u>	<u>711 NW 204th Avenue</u> <u>Pembroke pines, FL 33029</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

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

N/A

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>
<u>Dir</u>	<u>Don Reid</u>	<u>19481 NW 8th Street</u> <u>Pembroke pines, FL 33029</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Dir</u>	<u>Marilyn Sutton</u>	<u>20716 NW 1st Street</u> <u>Pembroke pines, FL 33029</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Sect</u>	<u>Karen Clark</u>	<u>2031 NW 190th Ave</u> <u>Pembroke pines, FL 33029</u>	<input checked="" 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)

N/A

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>
<u>Sect</u>	<u>Robert Young</u>	<u>18446 NW 13th Street</u> <u>Pembroke pines, Fl. 33029</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Pres</u>	<u>Robert Young</u>	<u>18446 NW 13th Street</u> <u>Pembroke pines, Fl. 33029</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Dir</u>	<u>Jacqueline Terrero</u>	<u>831 NW 208th Circle</u> <u>Pembroke pines, Fl. 33029</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

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>
VP-1	Jacqueline Terrero	831 NW 208th Circle Pembroke pines, Fl. 33029	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Dir	Jeff Rizzo	311 NW 198th Avenue Pembroke pines, Fl. 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP-2	Jeff Rizzo	311 NW 198th Avenue Pembroke pines, Fl. 33029	<input checked="" 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)

N/A

The date of each amendment(s) adoption: N/A Nov 12, 2009
(date of adoption is required)

Effective date if applicable: N/A
(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 11-20-2009

Signature Robert G Young
(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)

ROBERT G YOUNG
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)