

762796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lake Joanna Estates Association, Inc.

DOCUMENT NUMBER: 762796

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

Please return all correspondence concerning this matter to the following:

Louis Violette

(Name of Contact Person)

(Firm/ Company)

1200 Bly Ct.

(Address)

Eustis, FL 32726

(City/ State and Zip Code)

lavcpa@gmail.com

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

For further information concerning this matter, please call:

Louis Violette

352

589-0315

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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 17 7 AM '02



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2017

LOUIS VIOLETTE
1200 BLY CT
EUSTIS, FL 32726

SUBJECT: LAKE JOANNA ESTATES ASSOCIATION, INC.
Ref. Number: 762796

We have received your document for LAKE JOANNA ESTATES 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):

- ✓ You must put the name and document number on page 1 of the actual application.
- ✓ 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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 717A00009191

THANK YOU

Bar Violette

MAY 17 PM 3:54

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DIVISION OF CORPORATIONS
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www.sunbiz.org



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2017

LOUIS VIOLETTE
1200 BLY CT
EUSTIS, FL 32726

SUBJECT: LAKE JOANNA ESTATES ASSOCIATION, INC.
Ref. Number: 762796

We have received your document for LAKE JOANNA ESTATES 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):

You failed to make the correction(s) requested in our previous letter.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 117A00010440

RECEIVED
17 JUN -7 AM 11:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

LAKE JOANNA ESTATES ASSOCIATION, INC

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

762796

(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:

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)

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:

(Florida street address)

New Registered Office 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:

<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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>Renfro, Dennis</u>	<u>3064 Windham Dr.</u>
<input type="checkbox"/> Add			<u>Eustis, FL 32726</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>DS</u>	<u>Watson, Tom</u>	<u>2939 Windham Dr.</u>
<input type="checkbox"/> Add			<u>Eustis, FL 32726</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>DT</u>	<u>Hoag, Lawrence</u>	<u>1206 Marshall Ct.</u>
<input type="checkbox"/> Add			<u>Eustis, FL 32726</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>Hede, Harold</u>	<u>3216 Windham Dr.</u>
<input type="checkbox"/> Add			<u>Eustis, FL 32726</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>P</u>	<u>Keeler, Bud</u>	<u>1201 Bly Ct.</u>
<input checked="" type="checkbox"/> Add			<u>Eustis, FL 32726</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>VP</u>	<u>Contorakes, George</u>	<u>3035 Windham Dr.</u>
<input checked="" type="checkbox"/> Add			<u>Eustis, FL 32726</u>
<input type="checkbox"/> Remove			

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>T</u>	<u>Violette, Louis</u>	<u>1200 Bly Ct.</u>
<input checked="" type="checkbox"/> Add			<u>Eustis, FL 32726</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>S</u>	<u>Love, Leigh</u>	<u>1204 Marshall Ct.</u>
<input checked="" type="checkbox"/> Add			<u>Eustis, FL 32726</u>
<input type="checkbox"/> Remove			
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1. Introduction
 2. Background
 3. Methodology
 4. Results
 5. Conclusion
 6. References
 7. Appendix
 8. Index
 9. Glossary
 10. Summary
 11. Abstract
 12. Keywords
 13. Subject
 14. Topic
 15. Field
 16. Area
 17. Discipline
 18. Branch
 19. Division
 20. Department
 21. Faculty
 22. School
 23. College
 24. University
 25. Institution
 26. Organization
 27. Company
 28. Enterprise
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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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

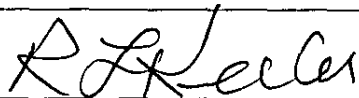
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 May 1, 2017

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)

Ralph (Bud) Keeler 
(Typed or printed name of person signing)

President
(Title of person signing)