

767939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

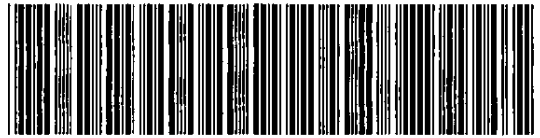
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/09/09--01024--029 **35.00

Amers

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09 NOV 19 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts NOV 19 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2009

HAROLD SELLEY
HOMEOWNERS OF PORT CHARLOTTE VILLAGE, INC
1000 KINGS HWY, UNIT 300
PORT CHARLOTTE, FL 33980

SUBJECT: HOMEOWNERS OF PORT CHARLOTTE VILLAGE, INC.
Ref. Number: 767939

We have received your document for HOMEOWNERS OF PORT CHARLOTTE VILLAGE, 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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

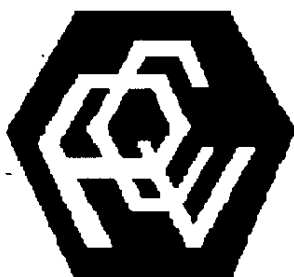
We are enclosing the proper form(s) with instructions for your convenience.

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: 309A00035334



HOMEOWNERS OF
PORT CHARLOTTE VILLAGE, INC.

**1000 KINGS HIGHWAY, UNIT 300
PORT CHARLOTTE, FL . 33980**

OFFICE: (941) 625-4105
FAX: (941) 627-6399

E-MAIL: PCVMHP@SUNLINE.NET
WEB SITE: PC-VILLAGE.COM

TO: TINA ROBERTS
RE: LETTER NUMBER: 309A00035334

I have enclosed the proper document for filing a change of officers/directors.
It is a nonprofit corporation.
Sorry, my error, I printed out the wrong form.

Thank you.

RECEIVED
NOV 19 AM 8:00
SECRETARY OF THE
ALLAHASSETT BOARD

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Homeowners of Port Charlotte Village

DOCUMENT NUMBER: 767939

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

Please return all correspondence concerning this matter to the following:

Harold Selley
(Name of Contact Person)

Homeowners of Port Charlotte Village, Inc.
(Firm/ Company)

1000 Kings Highway, Unit 300
(Address)

Port Charlotte, FL 33980
(City/ State and Zip Code)

pvcmbp@sunline.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Rader at (941) 625-4105
(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 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

Articles of Amendment
to
Articles of Incorporation
of

Homeowners of Port Charlotte Village, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

(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:

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

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TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

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

Page 2 of 3

The date of each amendment(s) adoption: 11-16-09
(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 11/16/09

Signature Harold V. Selley
(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)

Harold V. Selley
(Typed or printed name of person signing)

President
(Title of person signing)