

768376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

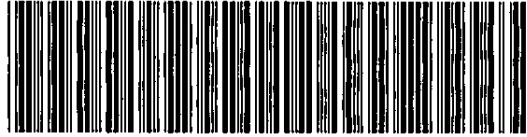
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PAID
SECRETARY OF STATE
DIVISION OF REVENUE
2015 JUN 29 PM 1:39

Amend

JUN 30 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CYPRESSWOOD GOLF VILLAS HOMEOWNERS ASSOCIATION INC.

DOCUMENT NUMBER: 768376

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

Please return all correspondence concerning this matter to the following:

KARIN KIRK

(Name of Contact Person)

AEGISCOMMUNITY MANAGEMENT SOLUTIONS INC.

(Firm/ Company)

8390 CHAMPIONSGATE BLVD. SUITE 304

(Address)

CHAMPIONSGATE, FL 33896

(City/ State and Zip Code)

kkirk@aegiscms.com

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

For further information concerning this matter, please call:

Karin Kirk

863

256-5052 #233

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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2015

KARIN KIRK
AEGIS COMMUNITY MANAGEMENT
8390 CHAMPIONGATE BLVD - STE. 304
CHAMPIONGATE, FL 33896

SUBJECT: CYPRESSWOOD GOLF VILLAS HOMEOWNERS'
ASSOCIATION, INC.
Ref. Number: 768376

We have received your document for CYPRESSWOOD GOLF VILLAS HOMEOWNERS' 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 complete and submit the document in its entirety. You've resubmitted only the cover page and the last page of the amendment.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 615A00012308



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2015

KARIN KIRK
AEGIS COMMUNITY MANAGEMENT
8390 CHAMPIONGATE BLVD - STE. 304
CHAMPIONGATE, FL 33896

SUBJECT: CYPRESSWOOD GOLF VILLAS HOMEOWNERS'
ASSOCIATION, INC.
Ref. Number: 768376

We have received your document for CYPRESSWOOD GOLF VILLAS HOMEOWNERS' 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 document must have original signatures.

The signature must be handwritten.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 215A00010791

RECEIVED
15 JUN 30 AM 8:15
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
15 JUN 11 AM 11:19
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2015

KARIN KIRK
AEGIS COMMUNITY MANAGEMENT
8390 CHAMPIONGATE BLVD - STE. 304
CHAMPIONGATE, FL 33896

SUBJECT: CYPRESSWOOD GOLF VILLAS HOMEOWNERS'
ASSOCIATION, INC.
Ref. Number: 768376

We have received your document for CYPRESSWOOD GOLF VILLAS HOMEOWNERS' 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):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 815A00008582



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2015

KARIN KIRK
AEGIS COMMUNITY MANAGEMENT
8390 CHAMPIONGATE BLVD - STE. 304
CHAMPIONSGATE, FL 33896

SUBJECT: CYPRESSWOOD GOLF VILLAS HOMEOWNERS'
ASSOCIATION, INC.
Ref. Number: 768376

We have received your document for CYPRESSWOOD GOLF VILLAS HOMEOWNERS' 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.

The current name of the entity is as referenced above. Please correct your document accordingly.

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).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 415A00007660



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2015

KARIN KIRK
AEGIS COMMUNITY MANAGEMENT
8390 CHAMPIONGATE BLVD - STE. 304
CHAMPIONGATE, FL 33896

SUBJECT: CYPRESSWOOD GOLF VILLAS HOMEOWNERS'
ASSOCIATION, INC.
Ref. Number: 768376

We have received your document for CYPRESSWOOD GOLF VILLAS HOMEOWNERS' 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 complete/submit the amendment in its entirety and be specific in your intentions regarding the officer/directors.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 915A00006589

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 JUN 29 PM 1:39

Articles of Amendment
to
Articles of Incorporation
of

CYPRESSWOOD GOLF VILLAS HOMEOWNERS ASSOCIATION INC.

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

768376

(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:

(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)

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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-------------|-----------------------|---|
| 1) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>William Murphy</u> | <u>8390 Championsgate
Blvd, Suite 304
Championsgate, FL 33896</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>VP</u> | <u>Allen Neher</u> | <u>— " —</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>VP/T</u> | <u>Rod Mullen</u> | <u>— " —</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S</u> | <u>Faye Runkorf</u> | <u>— " —</u> |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>Bill Welsh</u> | <u>— " —</u> |
| 6) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>Bob Drew</u> | <u>— " —</u> |

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>

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

D

Linda Stoltz

8390 Championsgate Blvd

☒ Add

Suite 304

☐ Remove

Championsgate, FL 33896

2) ☐ Change

D

Alex Naor

- 11 -

☒ Add

☐ Remove

3) ☐ Change

P

Robert Schade

☐ Add

☒ Remove

4) ☐ Change

VP

Mike Merryman

☐ Add

☒ Remove

5) ☐ Change

T

Charles Anderson

☐ Add

☒ Remove

6) ☐ Change

S

Joann Zelewski

☐ Add

☒ Remove

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 5/16/15

Signature Rod Mullen
(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)

Rod Mullen

(Typed or printed name of person signing)

Vice-President/Treasurer

(Title of person signing)