# 771197

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Williamsburg Condminium Hospitalon, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) (Address) (City/ State and Zip Code) For further information concerning this matter, please call: 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 Certified Copy □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303



April 7, 2020

STEVEN WILLIAMS P.O. BOX 280 EAGLE LAKE, FL 33839

SUBJECT: WILLIAMSBURG CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 771197

We have received your document for WILLIAMSBURG CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. 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 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) 245-6050.

Letter Number: 820A00007340

Irene Albritton Regulatory Specialist II

www.sunbiz.org



2020 APR 15 07 2:01

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2020

STEVEN WILLIAMS P.O. BOX 280 EAGLE LAKE, FL 33839

SUBJECT: WILLIAMSBURG CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 771197

We have received your document for WILLIAMSBURG CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 220A00006291

## Articles of Amendment

to
Articles of Incorporation
of

Number of Corporation (if known) Statutes, this Florida Not For Profit Corporation adopts	
statutes, this Florida Not For Profit Corporation adopts	
	the following
poration;	T
4100 Spirit Lake R STE1 Winter Haven FL PO Box 280	D 33880
(Florida street address)	. <u></u>
Florida, Florida	
stered Agent:	•
	PO BOX 280 Eagle Lake FL 3:  d office address in Florida, enter the name of the office address:

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: John Doc X Change X Remove Mike Jones X Add Sally Smith <u>Addres</u>s Type of Action Title Name (Check One) Change X Add Remove Change X Add Remove \_\_\_ Change \_\_ Remove 4) \_\_\_\_ Change \_\_ Add \_\_ Remove 5) \_\_\_\_ Change \_\_ Add Remove 6) \_\_\_\_ Change \_\_ Add \_ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,

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The date of each amendment(s) adopt date this document was signed.	on:		, if other than the
Effective date if applicable:	(no more than 90 days after amendment f		
	(no more than 90 days after amendment f	île date)	
Note: If the date inserted in this block of document's effective date on the Depart	oes not meet the applicable statutory filing nent of State's records.	requirements, this date will not b	e listed as the
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 $4/9/2020$
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)
steven Williams
(Typed or printed name of person signing)
$\rho \rightarrow I$
Presi dest
(Title of person signing)