

U0000003292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

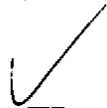
☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

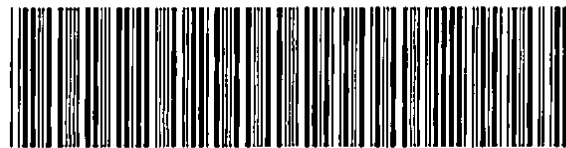


Certificates of Status

Special Instructions to Filing Officer:

Walk In

Office Use Only



600325660896

03/06/19--01022--015 **43.75

S. TALLENT

MAR 07 2019

19 MAR -6 PM 12:09

Amend

19 MAR -5 AM 9:08

FILED

ST

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NATURE COAST PARK PROPERTY

OWNERS ASSOCIATION, INC.

Signature _____

Requested by: BA

3/6/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

☒ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

☒ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NATURE COAST PARK PROPERTY OWNERS ASSOCIATION, INC.
NAME OF CORPORATION: _____

N00000003292
DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

DONALD F. PERRIN

(Name of Contact Person)

DONALD F. PERRIN, P.A.

(Firm/ Company)

P.O. BOX 250

(Address)

INVERNESS, FL 34451

(City/ State and Zip Code)

dfplaw@tampabay.rr.com

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

For further information concerning this matter, please call:

DONALD F. PERRIN

352 726-6767

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 checked="" 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

NATURE COAST PARK PROPERTY OWNERS ASSOCIATION .INC.

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

N00000003292

(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)

(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

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

ARTICLE VII (New)

THE ASSOCIATION SHALL HAVE THE FOLLOWING POWERS AND DUTIES:

- A. TO OWN AND CONVEY PROPERTY IN ITS OWN RIGHT.
- B. TO OPERATE AND MAINTAIN THE STORM WATER MANAGEMENT SYSTEM SERVING THE PROPERTY.
- C. TO ESTABLISH RULES AND REGULATIONS AS NECESSARY, SPECIFICALLY INCLUDING RULES AND REGULATIONS TO OPERATE AND MAINTAIN THE STORM WATER MANAGEMENT SYSTEM SERVING THE PROPERTY.
- D. TO ASSESS MEMBERS OF THE ASSOCIATION AND TO ENFORCE SAID ASSESSMENTS.
- E. TO SUE AND BE SUED IN ITS OWN RIGHT.
- F. TO CONTRACT FOR SERVICES AS NEEDED.
- G. TO REQUIRE ALL THE HOMEOWNERS, LOT OWNERS, PARCEL OWNERS OR UNIT OWNERS TO BE MEMBERS OF THE ASSOCIATION.
- H. TO OWN THE LAND ON WHICH THE STORM WATER MANAGEMENT SYSTEM IS TO BE LOCATED.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

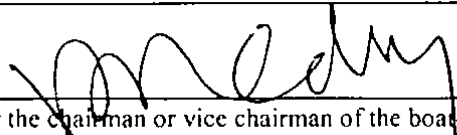
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

X Dated March 5 2019

X 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)

V A REDDY

(Typed or printed name of person signing)

CHAIRMAN BOARD OF DIRECTORS

(Title of person signing)