

NO1000005543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

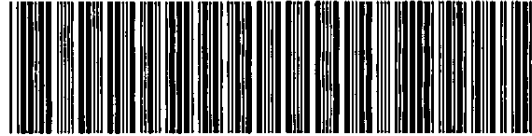
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300278166663

10/19/15--01037--006 **43.75

15 NOV -4 PM 1:42

NOV 06 2015

C McNAIR

OCT 20 2015

C McNAIR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2015

ELAINE M ROSS
LOGAN GATE VILLAGE HOMEOWNERS ASS.
P.O. BOX 272141
TAMPA, FL 33625

SUBJECT: LOGAN GATE VILLAGE HOMEOWNERS ASSOCIATION INC.
Ref. Number: N01000005543

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form is being submitted. Please complete the attach form pursuant to a Florida Not for Profit Corporation, section 617.

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

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 915A00023220

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LOGAN GATE VILLAGE HOMEOWNERS ASSOCIATION INC

DOCUMENT NUMBER: N01000005543

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

Please return all correspondence concerning this matter to the following:

ELAINE M ROSS

Name of Contact Person

LOGAN GATE VILLAGE HOMEOWNERS ASSOCIATION INC

Firm/ Company

P.O BOX 272141

Address

TAMPA, FL 33625

City/ State and Zip Code

PRESIDENT@LOGANGATEVILLAGE.INFO

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

For further information concerning this matter, please call:

ELAINE M ROSS

Name of Contact Person

at (813)

476-4317 (813)247-1336

Area Code & Daytime Telephone Number

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

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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

LOGAN GATE VILLAGE HOMEOWNERS ASSOCIATION INC.

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

ND1000005543

(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:

LOGAN GATE VILLAGE CIVIC ASSOCIATION INC.

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

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	<u>V</u>	<u>JOHN MIECZNIKOWSKI</u>	<u>6446 REEF CIRCLE</u>
<u> </u> Add			<u>TAMPA FL 33625</u>
<u>X</u> Remove			
2) <u> </u> Change	<u>T</u>	<u>KENRICK GLECKLER</u>	<u>501 S DAKOTA AVE STE 5</u>
<u> </u> Add			<u>TAMPA FL 33606</u>
<u>X</u> Remove			
3) <u> </u> Change	<u>V</u>	<u>MARLA RUTH</u>	<u>12349 VILLAGER CT</u>
<u>X</u> Add			<u>TAMPA FL 33625</u>
<u> </u> Remove			
4) <u> </u> Change	<u>ST</u>	<u>BRENDA BEST-GARCIA</u>	<u>12347 VILLAGER CT</u>
<u>X</u> Add			<u>TAMPA FL 33625</u>
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> 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: 10/16/2015, if other than the date this document was signed.

Effective date if applicable:

10/16/2015

(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

10/16/2015

Signature

Elaine M. Ross

(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)

Elaine M. Ross

(Typed or printed name of person signing)

President

(Title of person signing)