

No 1000005965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

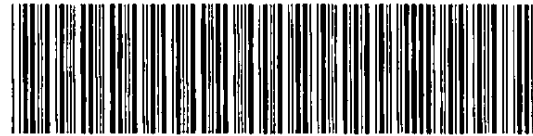
Special Instructions to Filing Officer:

5/25

2017 APR -3 PM 5:23

WRONG FORM

Office Use Only



900296392849

08/19/17--01031--002 \*\*10.00

04/04/17--01006--012 \*\*25.00

2017 APR 16 PM 1:38

*Handwritten signature*

JUN 16 2017

D CONNELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2017

DONNIE MARTINEZ  
BLUE WATER COMMUNITY MANAGEMENT  
4735 OLD CANOE CREEK ROAD  
ST. CLOUD, FL 34769

SUBJECT: CRESCENT RIDGE HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N01000005965

We have received your document for CRESCENT RIDGE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

DONNIE MARTINEZ is not listed as an officer of this corporation.

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: 917A00008780

RECEIVED  
MAY 10 2017

BY:

[www.sunbiz.org](http://www.sunbiz.org)

Crescent



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 5, 2017

DONNIE MARTINEZ  
BLUE WATER COMMUNITY MANAGEMENT  
4735 OLD CANOE CREEK ROAD  
ST. CLOUD, FL 34769

SUBJECT: CRESCENT RIDGE HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N01000005965

We have received your document for CRESCENT RIDGE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$10.00.

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: 217A00006567

17 MAY -3 AM 9:14

RECEIVED  
APR 10 2017

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Crescent Ridge Homeowner's Association

DOCUMENT NUMBER: NO1000005965

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

Please return all correspondence concerning this matter to the following:

Donnie Martinez

(Name of Contact Person)

Blue Water Community Management

(Firm/Company)

4735 Old Canoe Creek Road

(Address)

St. Cloud, FL 34769

(City/State and Zip Code)

Donnie@mybuicm.com

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

For further information concerning this matter, please call:

Donnie Martinez

(Name of Contact Person)

at 407 343-0809 ext 126

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Crescent Ridge Homeowners Association, Inc.

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

NO1000005965

(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:

N/A

*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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(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.*

N/A

*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 checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Lisa Savatri</u>	<u>4735 Old Canoe Creek Rd</u> <u>St. Cloud, FL</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Bret McElroy</u>	<u>4735 Old Canoe Creek Rd</u> <u>St. Cloud, FL</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Dennis Robertson</u>	<u>4735 Old Canoe Creek Rd</u> <u>St. Cloud, FL</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Kevin Smith</u>	<u>4735 Old Canoe Creek Rd</u> <u>St. Cloud, FL</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Bret McElroy</u>	<u>4735 Old Canoe Creek Rd</u> <u>St. Cloud, FL</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Tracy Smith</u>	<u>4735 Old Canoe Creek Rd</u> <u>St. Cloud, FL</u>

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

N/A

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

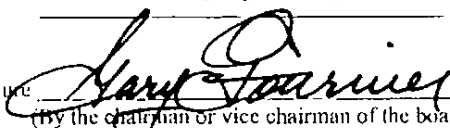
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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 3-21-17

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)

GARY FOURNIER  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)