## N01000007713

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## COVER LETTER

TO: Amendment Section Division of Corporations Thomas Lake Homeowners Association, Inc NAME OF CORPORATION: N01000007713 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kathy Alldredge (Name of Contact Person) Garrison Property Services, LLC (Firm/ Company) P.O. Box 510 (Address) Dundee, FL 33838 (City/ State and Zip Code) Kathy@garrisonland.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kathy Alldredge 439-6550 (Name of Contact Person) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\sum \$43.75 Filing Fee & \sum \$43.75 Filing Fee & □\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

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

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

(Additional Copy is Enclosed)

Certified Copy



October 13, 2015

Kathy Alldredge Garrison Property Services LLC P.O. Box 510 Dundee, FL 33838

SUBJECT: THOMAS LAKE HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N01000007713

We have received your document for THOMAS LAKE 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 have an officer of Garrison Property Services LLC sign on behalf of that LLC as the new registered agent in the space provided at the bottom of page 1.

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.

Annette Ramsey Regulatory Specialist II

Letter Number: 815A00021671



## Articles of Amendment to Articles of Incorporation

FILELL.

Thomas Lake Homeowners Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of Sta N01000007713 (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. 28609 HWY 27 N B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Dundee, FL 33838 C. Enter new mailing address, if applicable: P.O. Box 510 (Mailing address MAY BE A POST OFFICE BOX) Dundee, FL 33838 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: Garrison Property Services, LLC Name of New Registered Agent: 28609 HWY 27 N (Florida street address) New Registered Office Address: Dundee (City) 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.

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gistered 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 X_Remove X_Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ty Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	P	Marsha Hammonds	Marsha Hammonds
Add			436 Grand Reserve Drive
Remove			Davenport, FL 33837
2) X Change	Т	Ralph Zaorski	Ralph Zaorski
Add			732 Grand Reserve Drive
Remove			Davenport, FL 33837
3) X Change	S	Jeannette Savage	Jeannette Savage
Add			1508 Grand Reserve Drive
Remove			Davenport, FL 33837
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

Ε.	If amending or adding additional Arti (attach additional sheets, if necessary).	cles, enter change(s)	here:		
	(attach additional sheets, if necessary).	(Be specific)			
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The	date of each amendment(s) ad	option:	, if other than the
date	this document was signed.		
	9/1/2	2015	
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
		(no more than 90 days after amenament file date)	
	te: If the date inserted in this blo ument's effective date on the De	ck does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the ameral.	idment(s)
	There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was	ıs/were
	9/1/2015 Dated		
	Signature		
	have not be	man or vice chairman of the board, president or other officer-if of selected, by an incorporator – if in the hands of a receiver, true appointed fiduciary by that fiduciary)	
		Typed or printed name of person signing)	
	t	RESIDENT (Title of person signing)	<del></del>