

NO2 000002282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

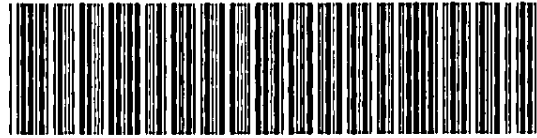
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2021 JAN 28 P 5:17

2021 JAN 28 PM 2:11

Attend.

FEB 01 2021

D CONNELL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 638057 7446854

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 27, 2021

ORDER TIME : 10:49 AM

ORDER NO. : 638057-005

CUSTOMER NO: 7446854

DOMESTIC AMENDMENT FILING

NAME: TESORO PROPERTY OWNER'S
ASSOCIATION, INC.

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
XX RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

TESORO PROPERTY OWNER'S ASSOCIATION, INC.
NAME OF CORPORATION: _____

N02000002282
DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Albert B. Moore, Esq.

(Name of Contact Person)

Albert B. Moore, P.A.

(Firm/ Company)

130 S. Indian River Drive, Suite 202

(Address)

Ft. Pierce, FL 34950

(City/ State and Zip Code)

almoore64@aol.com

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

For further information concerning this matter, please call:

Timothy Jones

908

962-0297

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 checked="" type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input 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)
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Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment
to
Articles of Incorporation
of

TESORO PROPERTY OWNER'S ASSOCIATION, INC.

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

(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)

TESORO PROPERTY OWNER'S ASSOCIATION, INC.

2000 SE VIA TESORO WAY

PORT ST. LUCIE, FL 34984

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: ALBERT B. MOORE

130 S. INDIAN RIVER DRIVE, SUITE 202

(Florida street address)

New Registered Office Address:

FT. PIERCE

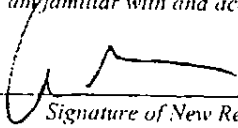
(City)

Florida 34950

(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:

<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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>KATHY FIALCO</u>	<u>2000 SW VIA TESORO WAY</u> <u>PORT ST. LUCIE, FL 34984</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>V</u>	<u>NICK LAUDANO</u>	<u>2000 SW VIA TESORO WAY</u> <u>PORT ST. LUCIE, FL 34984</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>D</u>	<u>DOUG MOSCHIANO</u>	<u>2000 SW VIA TESORO WAY</u> <u>PORT ST. LUCIE, FL 34984</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>T</u>	<u>RINA OSLE</u>	<u>2000 SW VIA TESORO WAY</u> <u>PORT ST. LUCIE, FL 34984</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>PD</u>	<u>RODERICK O'CONNOR</u>	<u>2000 SE VIA TESORO WAY</u> <u>PORT ST. LUCIE, FL 34984</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>TSD</u>	<u>KATHERINE CRAIG</u>	<u>2000 SE VIA TESORO</u> <u>PORT ST. LUCIE, FL 34984</u>
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

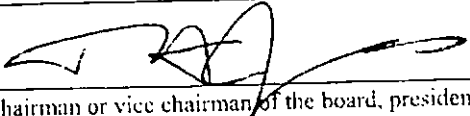
Add Director TIMOTHY M. JONES 2000 SE VIA TESORO, PORT ST. LUCIE, FL 34984

Add Director ANNIE M. CARDELUS 2000 SE VIA TESORO, PORT ST LUCIE, FL 34984

☒ 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 12/03/2020

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)

TIMOTHY M. JONES

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)