

NO 200006 09421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

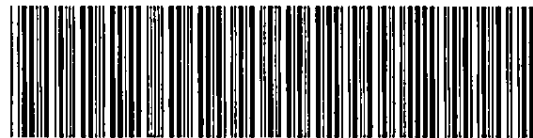
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/09/17--01026--025 **35.00

SEP 18 P 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SEP 19 2017

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Wellington at Ocoee HOA, Inc.

DOCUMENT NUMBER: N0200000 9421

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@mybwcm.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. 106

(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) |
|---|--|---|--|

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

POSTED

RECEIVED
JUN 02 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2017

DONNIE MARTINEZ
4735 OLD CANOE CREEK RD
ST CLOUD, FL 34769

SUBJECT: WELLINGTON AT OCOEE HOA, INC.
Ref. Number: N02000009421

We have received your document for WELLINGTON AT OCOEE HOA, 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 check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 817A00017024

RECEIVED
17 SEP 18 PM 1:58
DIVISION OF CORPORATIONS
FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

Wellington at Ocoee HOA, Inc.

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

2017 SEP 18 P 3:52

NQ2000009421

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

N/A

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

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:

<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) ☐ Change

T

Michael Goodwin

4735 old Canoe Creek Rd

☒ Add

St Cloud FL 34769

☐ Remove

2) ☒ Change

T

Sherry Courterier

4735 old Canoe Creek Rd

☐ Add

St Cloud FL 34769

☒ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

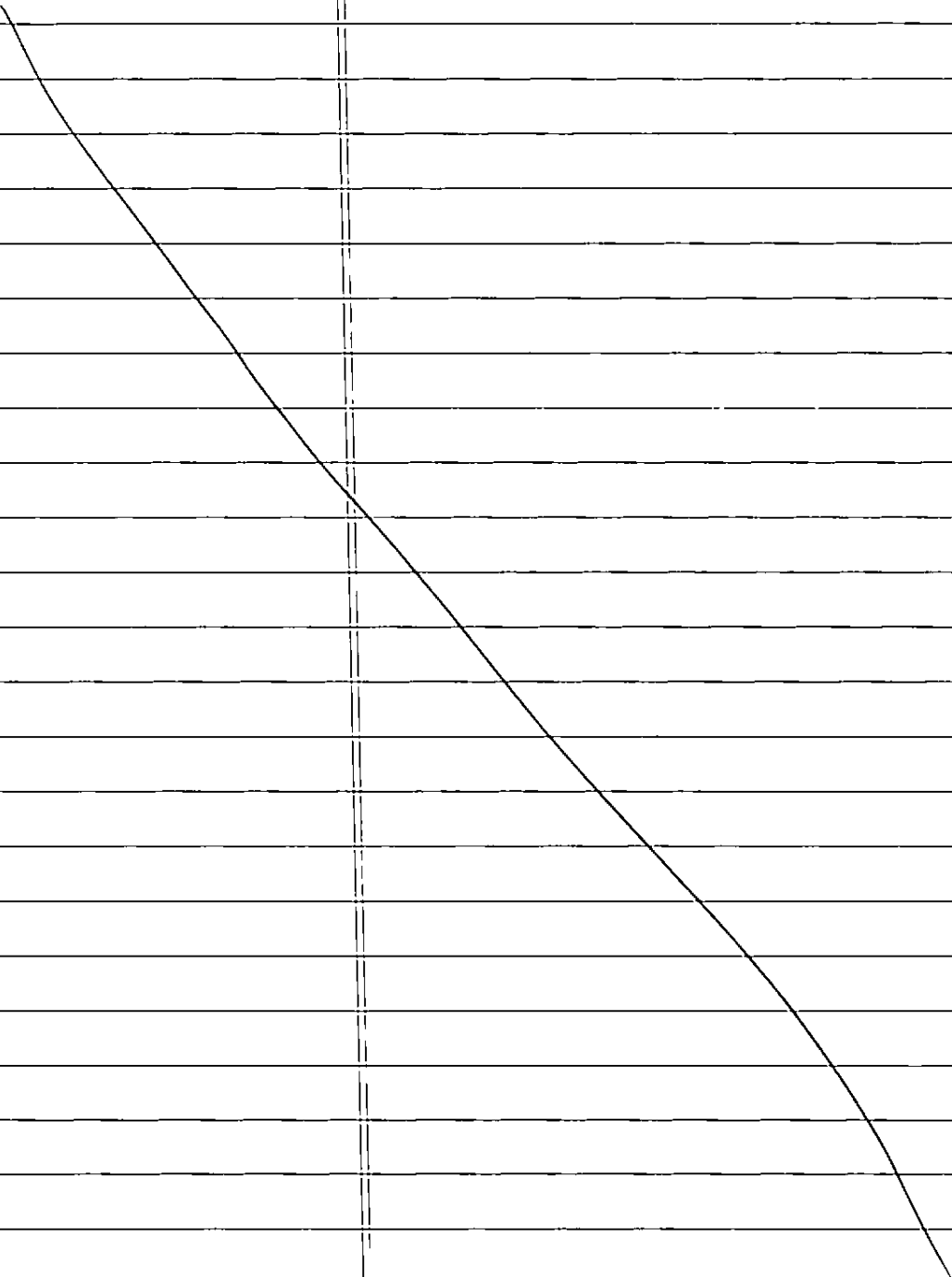
☐ Remove

6) ☐ Change

☐ Add

☐ Remove

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

A large, solid black diagonal line is drawn across the entire lined section of the page, from the top left to the bottom right, indicating that no amendments are being made.

The date of each amendment(s) adoption:
date this document was signed.

8/11/17

, if other than the

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

8.10.2017

† Signature

Alex Nasser

(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)

Alex Z. Nasser

(Typed or printed name of person signing)

Wellington Place HOA President.

(Title of person signing)