

NC3 DDDDDO 1477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

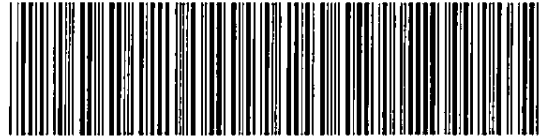
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FILED  
2024 AUG 22 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

723

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Twin Pines Village Homeowners Association INC.

DOCUMENT NUMBER: N03000001477

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

Please return all correspondence concerning this matter to the following:

Mark Nicely  
(Name of Contact Person)

Twin Pines Village Homeowners Association INC.  
(Firm/ Company)

4373 Hitzing Ave.  
(Address)

North Fort Myers FL33903  
(City/ State and Zip Code)

nicelys@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Nicely at 239 414-9661  
(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:

- ☒ \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Twin Pines Village Homeowners Association INC.

2024 AUG 22 AM 8:41

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

N03000001477

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FL

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:

NA 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: Mark Nicely

4373 Hitzing Ave

(Florida street address)

New Registered Office Address:

North Fort Myers

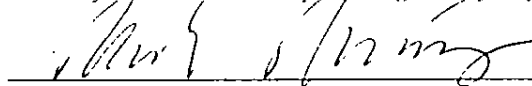
(City)

Florida FL 33903

(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><br>(Check One)   | <u>Title</u> | <u>Name</u>              | <u>Address</u>   |
|--|--------------|--------------------------|--|
| 1) <input checked="" type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove                                | <u>P</u>     | <u>Mark Nicely</u>       | <u>4373 Hitzing Ave.</u><br><u>North Fort Myers Fl 33903</u> |
| 2) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove   | <u>P</u>     | <u>Marcia Siwacki</u>    | <u>4445 Hitzing Ave.</u><br><u>North Fort Myers Fl 33903</u> |
| 3) <input type="checkbox"/> Remove<br><input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>VP.</u>   | <u>Stephen Oberknoch</u> | <u>4398 Mailbox Ave.</u><br><u>North Fort Myers Fl 33903</u> |
| 4) <input checked="" type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove                                | <u>VP.</u>   | <u>Barry Greenwood</u>   | <u>4304 Mailbox Ave.</u><br><u>North Fort Myers Fl 33903</u> |
| 5) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove                                | <u>S</u>     | <u>Sandra K Mangen.</u>  | <u>4378 Hitzing Ave.</u><br><u>North Fort Myers Fl 33903</u> |
| 6) <input checked="" type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove                                | <u>S</u>     | <u>Vicki Taclock</u>     | <u>4382 Mailbox Ave.</u><br><u>North Fort Myers Fl 33903</u> |

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

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

NA

X X X

Handwritten signature across the lines.

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

Effective date if applicable: X X  
(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.

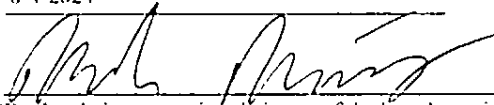
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 8-4-2024

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)

Mark Nicely

(Typed or printed name of person signing)

President

(Title of person signing)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2024

TERESA LEDBETTER  
4336 HITZING AVE.  
NORTH FORT MYERS, FL 33903

SUBJECT: TWIN PINES VILLAGE HOME OWNERS' ASSOCIATION, INC.  
Ref. Number: N03000001477

We have received your document for TWIN PINES VILLAGE HOME OWNERS' 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):

YOU ARE MISSING THE LAST PAGE.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 724A00015970

AUG 08 2024



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2024

AUG 22 2024

MARK NICELY  
4373 HITZING AVE.  
NORTH FORT MYERS, FL 33903

SUBJECT: TWIN PINES VILLAGE HOME OWNERS' ASSOCIATION, INC.  
Ref. Number: N03000001477

We have received your document for TWIN PINES VILLAGE HOME OWNERS' 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 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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 324A00017738