

N03233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

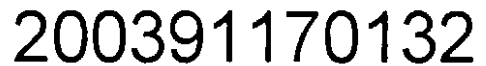
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 1011 E. 1ST ST
 ARLINGTON, TEXAS 76010

DEC 7 2022

S. PRATHEP

COVER LETTER

TO: Amendment Section
Division of Corporations

RECEIVED

NAME OF CORPORATION: Section 23, Property Owners Association

DOCUMENT NUMBER: N03233

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

Please return all correspondence concerning this matter to the following:

ALLAN J. SEALS

(Name of Contact Person)

Section 23, P.O.A.

(Firm/ Company)

26217 Rampart Blvd

(Address)

Punta Gorda, FL. 33983

(City/ State and Zip Code)

admin@Deepcreek23.com

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

For further information concerning this matter, please call:

ALLAN J. SEALS

(Name of Contact Person)

at 941-764-6674

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

PAID

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2022

SECTION 23, PROPERTY OWNER'S ASSOCIATION, INC.
26217 RAMPART BLVD
PUNTA GORDA, FL 33983

SUBJECT: SECTION 23, PROPERTY OWNER'S ASSOCIATION, INC.
Ref. Number: N03233

We have received your document for SECTION 23, PROPERTY OWNER'S 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):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NONPROFIT CORPORATION. Please complete and return the enclosed blank form(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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 422A00023268

Articles of Amendment
to
Articles of Incorporation
of

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

NO 3233

(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)

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:

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

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FILED
HALL COUNTY, FLORIDA

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 checked="" type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>V.P</u> | <u>Craig Deidrick</u> | <u>1421 Blue Lake Cir</u>
<u>Punta Gorda, FL 33983</u> |
| 2) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>P</u> | <u>Paula Murphr</u> | <u>1108 Navigator Rd.</u>
<u>Punta Gorda, FL 33983</u> |
| 3) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>T</u> | <u>Melodye Demastus</u> | <u>Punta Gorda, FL 33983</u>
<u>26405 Bridge Water Dr</u>
<u>Punta Gorda FL 33983</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>S</u> | <u>Ralph Butts</u> | <u>25372 Tether Ln</u>
<u>Punta Gorda, FL 33982</u> |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>D</u> | <u>Gerald Harris</u> | <u>26007 Northern Cross Rd</u>
<u>Punta Gorda, FL 33983</u> |
| 6) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>D</u> | <u>Catherine Smith</u> | <u>2246 Bengal Ct</u>
<u>Punta Gorda FL 33983</u> |

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

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

Blank lined area for text entry.

The date of each amendment(s) adoption: 10.22.22, if other than the date this document was signed.

Effective date if applicable: 10.22.22
(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 10.28.22

Signature Paula Murphy
(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)

Paula Murphy
(Typed or printed name of person signing)

President
(Title of person signing)

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ALL INFORMATION
RECEIVED