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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)
Account Number : 071005001001 *RCW / df*
Phone : (727)441-8966
Fax Number : (727)442-8470

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: barbara.mortensen@wfpmachine.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
MEARS ANCLOTE CENTER PROPERTY OWNERS
ASSOCIATION, IN**

Certificate of Status	1
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August 22, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MEARS ANCLOTE CENTER PROPERTY OWNERS ASSOCIATION, INC.
P.O. BOX 2436
CLEARWATER, FL 33757-2436US

SUBJECT: MEARS ANCLOTE CENTER PROPERTY OWNERS ASSOCIATION, INC.
REF: N04000002363

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

FAX Aud. #: H19000234514
Letter Number: 319A00017336

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H19000234514 3

Articles of Amendment
to
Articles of Incorporation
of

MEARS ANCLOTE CENTER PROPERTY OWNER'S ASSOCIATION, INC.

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

N04000002383

(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." "Comm." 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**)

728 Anclole Road

Tarpon Springs, FL 34689

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

728 Anclole Road

Tarpon Springs, FL 34689

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:

Charles E. Mortensen, Jr.

728 Anclole Road

(Florida street address)

New Registered Office Address:

Tarpon Springs

(City)

Florida 34689

(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

H19000234514 3

H19000234514 3

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:

☒ Change	PT	John Doe
☒ Remove	V	Mike Jones
☒ Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change	DP	BARRY MEARS	407 ROEBLING ROAD S BELLEAIR, FL 33758
☐ Add			
☒ Remove			
2) ☐ Change	DVP	DON GOLLIHER	802 CAMELLIA AVE LARGO, FLORIDA 33770
☐ Add			
☒ Remove			
3) ☐ Change	DST	CAROL MEARS	407 ROEBLING ROAD S BELLEAIR, FL 33758
☐ Add			
☒ Remove			
4) ☐ Change	DP	CHARLES E. MORTENSEN, JR.	728 ANCLOTE ROAD TARPON SPRINGS, FL 34689
☒ Add			
☐ Remove			
5) ☐ Change	DV	BYRAN LEIST	3544 SHORELINE CIRCLE PALM HARBOR, FL 34684
☒ Add			
☐ Remove			
6) ☐ Change	DST	BARBARA MORTENSEN	728 ANCLOTE ROAD TARPON SPRINGS, FL 34684
☒ Add			
☐ Remove			

H19000234514 3

H19000234514 3

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

Page 3 of 4

H19000234514 3

H19000234514 3

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

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

25 JULY 2019

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)

Charles E. Mortensen, Jr.

(Typed or printed name of person signing)

President

(Title of person signing)