

N040000003319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

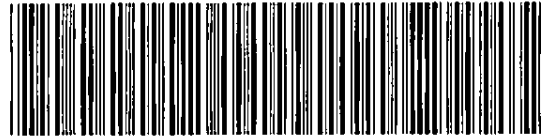
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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CLERK OF STATE
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2025

BEVERLY MOODY
4125 PARK ST N #426
ST. PETERSBURG, FL 33709 US

SUBJECT: CROSSWINDS ON PARK HOMEOWNERS ASSOCIATION INC.
Ref. Number: N04000003319

We have received your document and check(s) totaling \$43.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

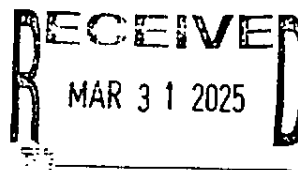
Several of the Members you have listed needs a type of action checked off for them. For example: Change, Remove or Add the members.

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.

Mary C Malone
Amendment Section

Letter Number: 125A00005462



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Crosswinds on Park Homeowners Association Inc

DOCUMENT NUMBER: N04000003319

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

Please return all correspondence concerning this matter to the following:

Beverly Moody

(Name of Contact Person)

(Firm/ Company)

4125 Park St N #426

(Address)

St Petersburg, FL 33709

(City/ State and Zip Code)

bmoody1218@gmail.com

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

For further information concerning this matter, please call:

Beverly Moody

678

863-9227

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 type="checkbox"/> \$35 Filing Fee | <input checked="" 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32303

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Articles of Amendment
to
Articles of Incorporation
of

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

Crosswinds on Park Homeowners Association Inc

(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:

Crosswinds on Park Residential Community Association Inc

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**)

4125Park St N

Lot 426

St Petersburg FL 33709

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:

N/A

(Florida street address)

New Registered Office 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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TALLAHASSEE, FLORIDA

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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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add	P	Beverly Moody	4125 Park St N # 426 St Petersburg FL 33709
<input type="checkbox"/> Remove			678-863-6227
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	VP	Deborah Bosse	4125 Park St N #235 St Petersburg FL 33709
<input type="checkbox"/> Remove			5741-426-9088
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	T	Martha Benner	4125 Park St N #238 St Petersburg FL 33709
<input type="checkbox"/> Remove			727-254-7830
4) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add	S	Daniel O'Neill	4125 Park St N #8A St Petersburg FL 33709
<input type="checkbox"/> Remove			813-992-6765
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	D	Debbie Taylor	4125 Park St N #237 St Petersburg FL 33709
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	D	George Courtney	4125 Park St N #137 St Petersburg FL 33709
<input type="checkbox"/> Remove			727-767-0510

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

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

Article IV section two meeting shall be 1st Saturday in January

Article V number os members shall be 5 directors and 6 members at large maximum. section two term o 2 years and no limi

- 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

2-3-2025

Signature

Beverly Moody

(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)

Beverly Moody

(Typed or printed name of person signing)

President

(Title of person signing)

-ILED

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CLERK OF STATE
TREASURY DIVISION