

NO4000011116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

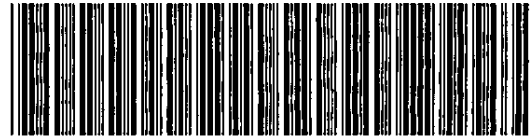
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JUN 25 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend.

06-26-13

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2013

BARBARA D. STOKES
EDGEWATER ACRES HOMEOWNERS ASSOCIATION
P O BOX 1863
OKEECHOBEE, FL 34973

SUBJECT: EDGEWATER ACRES HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N04000011116

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

A post office box is not an acceptable address for the registered agent.

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.

Darlene Connell
Regulatory Specialist II

Letter Number: 813A00012847

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Edgewater Acres Homeowners Assoc., Inc.

DOCUMENT NUMBER: N04000011116

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

Please return all correspondence concerning this matter to the following:

Barbara D. Stokes

(Name of Contact Person)

Edgewater Acres Homeowners Assoc., Inc.

(Firm/ Company)

Post Office Box 1863

(Address)

Okeechobee, FL 34973

(City/ State and Zip Code)

edgewateracreshoa@gmail.com

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

For further information concerning this matter, please call:

Barbara D. Stokes

(Name of Contact Person)

at (863) 801-4819

(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

FILED
13 JUN 25 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Edgewater Acres Homeowners Association, Inc.

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

N04000011116

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1060 SE 21st Street
Okeechobee, FL 34974

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

Post Office Box 2076
Okeechobee, FL 34973

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 Barbara D. Stokes
1060 SE 21st Street
(Florida street address)
Okeechobee, Florida 34974
New Registered Office Address: (City) (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> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>Steve Harris</u>	<u>519 SW 86th Terr.</u> <u>Okeechobee, FL</u> <u>34974</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VD</u>	<u>Stephanie Quesinberry</u>	<u>594 SW 86th Terr.</u> <u>Okeechobee, FL</u> <u>34974</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TSD</u>	<u>Barbara D. Stokes</u>	<u>Post Office Box 1863</u> <u>Okeechobee, FL</u> <u>34973</u>
4) <small>Colleen Ear</small> <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>Colleen Earhart</u>	<u>468 SW 86th Ave.</u> <u>Okeechobee, FL</u> <u>34974</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VD</u>	<u>Peggy Simmons</u>	<u>8500 SW 9th St.</u> <u>Okeechobee, FL</u> <u>34974</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD/VD</u>	<u>Alan Rogerson</u>	<u>581 SW 86th Terr.</u> <u>Okeechobee, FL</u> <u>34974</u>

The date of each amendment(s) adoption: March 26, 2013

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 April 10, 2013

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)

Barbara D. Stokes
(Typed or printed name of person signing)

STD
(Title of person signing)