

N04 0000 11116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

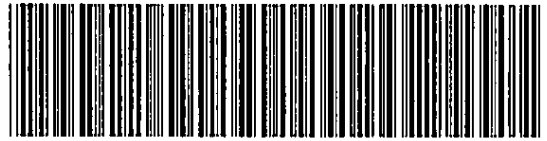
(Document Number)

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2020 JUN 11 PM 12:18

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JUN 17 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 JUN 11 10:41

June 3, 2020

AMANDA GREENE  
PO BOX 2076  
OKEECHOBEE, FL 34973

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

We have received your document for EDGEWATER ACRES HOMEOWNERS 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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 620A00010983



Articles of Amendment  
to  
Articles of Incorporation  
of

EDGEWATER ACRES HOMEOWNERS ASSOC., INC.

2020 JUN 11 PM 12:18

(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 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**)

472 SW 86TH TERRACE

\_\_\_\_\_ OKEECHOBEE, FL 34974  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

PO 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:

AMANDA GREENE

472 SW 86TH TERRACE

\_\_\_\_\_ (Florida street address)

New Registered Office Address:

OKEECHOBEE

Florida 34974

\_\_\_\_\_ (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 type="checkbox"/> Add	<u>P</u>	<u>STEVE HARRIS</u>	<u>519 SW 86TH TERRACE</u> <u>OKEECHOBEE, FL 34974</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>BRYAN ROYAL</u>	<u>668 SW 86TH TERRACE</u> <u>OKEECHOBEE, FL 34974</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>STEPHANIE QUESINBERRY</u>	<u>594 SW 86TH TERRACE</u> <u>OKEECHOBEE, FL 34974</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>STEPHEN BOHLING, JR.</u>	<u>668 SW 86TH TERRACE</u> <u>OKEECHOBEE, FL 34974</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TS</u>	<u>AMANDA GREENE</u>	<u>472 SW 86TH TERRACE</u> <u>OKEECHOBEE, FL 34974</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TS</u>	<u>BARBARA STOKES</u>	<u>PO BOX 1863</u> <u>OKEECHOBEE, FL 34973</u>

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

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

N/A

2020 JUL 11 PM 12:18

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

Effective date if applicable: N/A  
(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 amendment's effective date on the Department of State's records.

Option 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 05/07/2020

Signature Amanda Buskin 2020 JUL 11 PM 12:18

(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)

AMANDA GREENE

(Typed or printed name of person signing)

SECRETARY/TREASURER

(Title of person signing)

\* Filed due to change of officers. \*