NO4271

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2019

COLIN MCCAULEV P.O. BOX 14063 BRADENTON, FL 34280

SUBJECT: INDIAN SPRINGS HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N04271

We have received your document for INDIAN SPRINGS 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):

This is a Non-Profit Corporation the document you sent in is for a Profit corportion.

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

Letter Number: 319A00020126

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Indian Springs Hom		n 	
N04271 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Colin McCauley, Treasurer			
	(Name of Contact	Person)	<u> </u>
Indian Springs Homeowners Association, Inc			
	(Firm ['] Compa	ny)	
P.O. Box 14063			
	(Address)		
Bradenton, Florida 34280			
<u> </u>	(City/ State and Zi	p Code)	
cmacviking@yahoo.com			
E-mail address: (to be used	d for future annual r	eport notification	on)
For further information concerning this matter, please	call:		
Colin McCauley		813 at	453-7054
(Name of Contact Persor		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)	Certi ris Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)
Mailing Address Amendment Section Division of Corporations		itreet Address Amendment Sec Division of Corp	

P.O. Box 6327 Talfahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

INDIAN SPRINGS HOMEOWNERS' ASSOCIATION, INC.

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)	
N	04271	
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the	: following
A. If amending name, enter the new name of the corpora	tion:	
		_The new
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	N/A	9 0CT 2
		21 PH 4: 17
		F. Oky
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		110K
Name of New Registered Agent: N/A		
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		
	Signature of New Registered Agent, if changing	<u>-</u>

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: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n <u>Doe</u> te Jones y S <u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	D	Gerald Godbee	P.O. Box 14063
Add			Bradenton, Fl 34280
Remove			
2) Change	D	Susan Harrigan	P.O. Box 14063
Add			Bradenton, Fl 34280
X Remove			
3) Change			
Add			
Remove			
4) Change	. <u></u> .		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti	(Promotifiet		
vattach additional sheets, if necessary).	(ве ѕресцие)		
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The date of each amendment(s) at	loption:	, it other than the
date this document was signed.		1
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this ble document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date vapartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes east for the amendment al.	(8)
☐ There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
10/16/19 Dated		
Signature	a Molary	
have not be	rman or vice chairman of the board, president or other officer-if director en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Colin M	eCauley	
	(Typed or printed name of person signing)	-
Treasure	er, Indian Springs Homeowners Association, Tric-	
	(Title of person signing)	-