



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Newburn Village Community Association

DOCUMENT NUMBER: N05000000698

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

Please return all correspondence concerning this matter to the following:

MITCHELL FRIED  
(Name of Contact Person)

NEWBURN VILLAGE COMMUNITY ASSOCIATION  
(Firm/ Company)

(Address)

5317 FRUITVILLE RD BOX 137  
(City/ State and Zip Code)

SARASOTA FL 34232  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN MILNER at 941 5393287  
(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:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$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

2023 AUG 14 AM 10:10  
STATE  
FL

Articles of Amendment  
to  
Articles of Incorporation  
of

NEWBURN VILLAGE COMMUNITY ASSOCIATION

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

\_\_\_\_\_  
(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**)*

5317 FRUITVILLE RD

BOX 137

SARASOTA .FL 34232

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

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

5317 FRUITVILLE RD BOX 137

SARASOTA FL 34232

**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: \_\_\_\_\_

\_\_\_\_\_  
*(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*

STATE OF FLORIDA  
CORPORATION DIVISION  
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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 | <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><br>(Check One)   | <u>Title</u> | <u>Name</u>                  | <u>Address</u>   |
|--|--------------|------------------------------|--|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | <u>VP</u>    | <u>MITCHELL FRIED</u>        | <u>5429 UNIVERSITY BLVD. BOX</u><br><u>SARASOTA FL. 34201</u>                |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove | <u></u>      | <u>REBECCA POKE (REMOVE)</u> | <u>PO Box 21058</u><br><u>Sarasota, FL 34276</u>                             |
| 3) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove     | <u>PRES.</u> | <u>KEVIN MILNER</u>          | <u>5317 FRUITVILLE RD</u><br><u>BOX 137</u><br><u>SARASOTA, FL. 34232</u>    |
| 4) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | <u>TREAS</u> | <u>SHARI HARVEY</u>          | <u>5317 FRUITVILLE RD</u><br><u>BOX 137</u><br><br><u>SARASOTA .FL 34232</u> |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove            | <u></u>      | <u></u>                      | <u></u><br><u></u><br><u></u>  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove            | <u></u>      | <u></u>                      | <u></u><br><u></u><br><u></u>  |

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

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Multiple horizontal lines for text entry.

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The date of each amendment(s) adoption: 2/25/2023 if other than the date this document was signed.

Effective date if applicable: 2/25/2023  
*(no more than 90 days after amendment file date)*

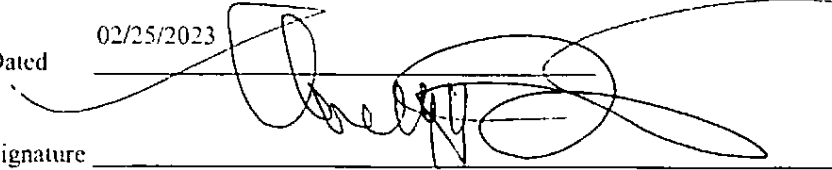
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 02/25/2023

  
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)

MITCHELL FRIED

\_\_\_\_\_  
(Typed or printed name of person signing)

V.P.

\_\_\_\_\_  
(Title of person signing)

2023 AUG 14 AM 9:10  
SECTION OF STATE FL  
DATE