

NOS 00000 2826

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(Business Entity Name)

(Document Number)

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06 MAR 30 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Gr Amend

Countryside Village Mobile Home Park
Homeowners association Inc.
9452 Genessee Drive
Brooksville, Florida 34613

3/24/2006

Florida Division Of Corporations
Amendment Section
P.O.B. 6327
Tallahassee, Florida 32314

To Who This May Concern,

The resigning agent of this homeowners association does not have a good relationship with us. That is why there is no signature on the affidavit. If there is a way to transfer the agent name with the letter provided, it would be greatly appreciated.

If there are any questions, please call me at 352-200-6375. The name is John Ohle. I am the new agent of record (if possible). Thank you for you help and cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to be "John Ohle", written over the word "Sincerely,".

Articles of Amendment
to
Articles of Incorporation
of

Countryside Village Mobile Homeowners' Association,
(Name of corporation as currently filed with the Florida Dept. of State) Incorporated

05000002826

(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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article II Membership:
Section I: All individuals homeowners
with a legal title to a dwelling are
eligible for membership in the Association
(a mortgage constitutes legal title for
purposes of membership)

Addition to section I: As well as a
letter from mortgage holder.

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06 MAR 30 AM 8:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

www.org

Division of Corporations

Annual Report

Annual Report Help

Document Number

N05000002826

Business Entity Name

COUNTRYSIDE VILLAGE MOBILE HOMEOWNERS' ASSOCIATION,
INCORPORATED

FEI Number

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

☒ Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

☒ No

Principal Place of Business

Address

Suite, Apt. #, etc.

City, State

Zip Code & Country

90 9452 benessee Dr.
Brooksville FL
34613

Mailing Address

Address

Suite, Apt. #, etc.

City, State

Zip Code & Country

9452 benessee Dr.
Brooksville FL
34613

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

Suite, Apt. #, etc.

City, State

Zip Code & Country

WILE JOHN W. Pres Agent
4452 benessee Dr.
Brooksville FL
34613 US

If there is a change in registered agent, the new agent will need to type their name
in the 'Registered Agent Signature' block below to accept the designation of

registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

Pres.

Name (Last, First, Middle, Title)

DHLE John W.

- OR -

Entity Name to serve as
Officer/Director

Street Address

9452 benessce Dr

City, State

Brooksville FLA

Zip Code & Country

34613

Title

VP

Name (Last, First, Middle, Title)

Christian Nancy

- OR -

Entity Name to serve as
Officer/Director

Street Address

9189 Meadows Elm Ter.

City, State

Weeki Wachec. FLA

Zip Code & Country

34613

Title

Tr

Name (Last, First, Middle, Title)

Liestman Gale

- OR -

Entity Name to serve as
Officer/Director

Street Address

9147 bettie Dr

City, State

Brooksville FLA

Zip Code & Country

34613

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset

The date of adoption of the amendment(s) was: 12/05

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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature

[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.)

JOHN W. WHITE
(Typed or printed name of person signing)

HOA President
(Title of person signing)

FILING FEE: \$35 ✓