

N050000003633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2016 NOV - 7 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

NOV 08 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 3 SEASONS MOBILE HOME RESIDENTS ASSOCIATION INC.

DOCUMENT NUMBER: NO5000003633

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

Please return all correspondence concerning this matter to the following:

FREDERICK W. WILSON

(Name of Contact Person)

3 SEASONS MOBILE HOME RESIDENTS ASSOCIATION INC.

(Firm/ Company)

21253 YONTZ RD LOT 115

(Address)

BROOKSVILLE, FL 34601

(City/ State and Zip Code)

FWILSON51@TAMPA BAY. RR.COM

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

For further information concerning this matter, please call:

EILEEN KAPAYIK

(Name of Contact Person)

at 352 796 4898

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee
CHECK HAS ALREADY BEEN SENT & CASHED

☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2016

FREDERICK WILSON
21253 YONTZ RD
LOT 115
BROOKSVILLE, FL 34601

SUBJECT: 3 SEASONS MOBILE HOME RESIDENTS ASSOCIATION INC.
Ref. Number: N05000003633

We have received your document for 3 SEASONS MOBILE HOME RESIDENTS ASSOCIATION INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

It appears you wish to change the officer/directors, if so file the enclosed amendment to make all changes.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 116A00023241

RECEIVED
16 NOV -7 PM 5:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

3 SEASONS Mobile Home Residents Association INC

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

N 05000003633

(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)

21253 YONTZ Rd LOT 115
Brooksville, FL 34601

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21253 YONTZ Rd LOT 115
Brooksville, FL 34601

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:

FREDERICK W WILSON

21253 YONTZ Rd LOT 115

(Florida street address)

New Registered Office Address:

Brooksville, FL

(City)

Florida 34601

(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.

Fredrick W Wilson

Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	TD	JERRY M CHILDRESS	21253 YONTZ RD LOT 6 Brooksville, FL 34601
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	TD	FREDERICK W WILSON	21253 YONTZ RD LOT 115 Brooksville, FL 34601
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

N/A

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

Effective date if applicable: _____
(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 11-4-2016

Signature Eileen Kapauik
(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)

EILEEN KAPAUİK PD
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)