

N05000007106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

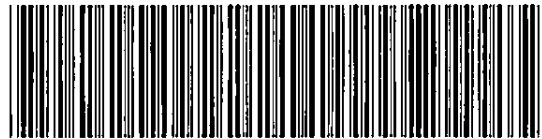
(Document Number)

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2024 APR 29 PM 12:47

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: College Center Condominium Association, Inc.

DOCUMENT NUMBER: N05000007106

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

Duval Realty Inc.

(Firm/ Company)

6196 Lake Gray Boulevard Suite 103

(Address)

JACKSONVILLE, FL 32244

(City/ State and Zip Code)

Accounting@DuvalRealtyInc.com

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

For further information concerning this matter, please call:

Terri DeVries

(Name of Contact Person)

at 904-367-1818

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

College Center Condominium Association, FLA.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO500000 7106

(Document Number of Corporation (if known))

2024 APR 29 PM 12:47

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Florida street 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

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>
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1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>New Day Services Inc.</u>	
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☒ Remove

2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VP</u>	<u>One-Another Properties, INC</u>	
--	-----------	------------------------------------	--

☒ Remove

3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
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4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Teresa Gaslin</u>	<u>6196 Lake Gray Blvd</u> <u>Suite 103 Jacksonville,</u> <u>FL 32244</u>
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5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Ken Marquis</u>	<u>6196 Lake Gray Blvd</u> <u>Suite 103 Jacksonville</u> <u>FL 32244</u>
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6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
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E. If amending or adding additional Articles, enter change(s) here:

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

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

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.

☐ 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 April 29, 2024

Signature Theresa L. DeVries
(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)

Theresa L. DeVries
(Typed or printed name of person signing)

Managing Agent
(Title of person signing)



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

Dwelling Fire DP-1 Basic Form Policy - Declarations

POLICY NUMBER: 06136671 - 3 POLICY PERIOD: FROM 11/02/2023 TO 11/02/2024
at 12:01 a.m. Eastern Time at the Location of the Residence Premises

Transaction: AMENDED DECLARATIONS

Effective: 04/19/2024

Named Insured and Mailing Address:	Location Of Residence Premises:	Agent: FL Agent Lic. #: A183595
First Named Insured:	8366 PINEVERDE LN	JENSEN INSURANCE SERVICES, INC
Carl Cline	JACKSONVILLE FL 32244-5252	SHELLY MOORE
6169 Lake Gray Blvd, Suite 103 c/o Duval Realty	County: DUVAL	803 NORTH 3RD STREET
JACKSONVILLE, FL 32244		JACKSONVILLE BEACH, FL 32250
		Phone Number: 904-247-5599
		Citizens Agency ID#: 23122

Primary Email Address:
carlcline@hotmail.com

Additional Named Insured: Please refer to "ADDITIONAL NAMED INSURED(S)" section for details

Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$2,500

Hurricane Deductible: \$3,574 (2%)

PROPERTY COVERAGES

	LIMIT OF LIABILITY	ANNUAL PREMIUM
A. Dwelling:	\$178,700	\$584
B. Other Structures*:	\$0	
C. Personal Property:	\$3,000	
D. Fair Rental Value*:	(See Policy)	

*Payments under Coverage "B" or "D" reduce Coverage "A" amount for the same loss (see policy).

LIABILITY COVERAGES

L. Personal Liability:	\$100,000	\$36
M. Medical Payments:	\$2,000	INCLUDED

OTHER PROPERTY AND LIABILITY COVERAGES

Vandalism or Malicious Mischief	(See Policy)	Included
Extended Coverage	(See Policy)	Included

SUBTOTAL: \$620

Florida Hurricane Catastrophe Fund Build-Up Premium: \$10

Premium Adjustment Due To Allowable Rate Change: (\$72)

MANDATORY ADDITIONAL CHARGES:

2023 Florida Insurance Guaranty Association (FIGA) Regular Assessment	\$4
2023-A Florida Insurance Guaranty Association (FIGA) Emergency Assessment	\$6
Emergency Management Preparedness and Assistance Trust Fund (EMPA)	\$2
Tax-Exempt Surcharge	\$10

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: \$580

The portion of your premium for:

Hurricane Coverage is \$273

Non-Hurricane Coverage is \$285

Authorized By: SHELLY MOORE

Processed Date: 04/24/2024



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

Dwelling Fire DP-1 Basic Form Policy - Declarations

Policy Number: 06136671 - 3

POLICY PERIOD: FROM 11/02/2023 TO 11/02/2024

First Named Insured: Carl Cline

at 12:01 a.m. Eastern Time at the Location of the Residence Premises

Forms and Endorsements applicable to this policy:

CIT DL 24 11 02 23, CIT DL 24 16 02 23, CIT 25 02 23, CIT DP-1 06 23, CIT DP 03 15 10 23, IL P 001 01 04, CIT 05 11 02 23, CIT DL 24 01 02 23

Rating/Underwriting Information			
Year Built:	1983	Protective Device - Burglar Alarm:	N/A
Town / Row House:	Yes	Protective Device - Fire Alarm:	No
Construction Type:	Masonry	Protective Device - Sprinkler:	None
BCEGS:	Ungraded	No Prior Insurance Surcharge:	No
Territory / Coastal Territory:	039 / 00	Terrain:	B
Wind / Hail Exclusion:	No	Roof Cover:	Unknown
Municipal Code - Police:	491	Roof Cover - FBC Wind Speed:	N/A
Municipal Code - Fire:	491	Roof Cover - FBC Wind Design:	N/A
Occupancy:	Tenant Occupied	Roof Deck Attachment:	Unknown
Use:	Rental Property	Roof-Wall Connection:	Unknown
Number of Families:	1	Secondary Water Resistance:	Unknown
Protection Class:	1	Roof Shape:	Gable
Distance to Hydrant (ft.):	600	Opening Protection:	Unknown
Distance to Fire Station (mi.):	2		

A premium adjustment of \$0 is included to reflect the building's wind loss mitigation features or construction techniques that exists.

A premium adjustment of \$0 is included to reflect the building code effectiveness grade for your area. Adjustments range from a 2% surcharge to a 10% credit.

The Total Charge For This Endorsement is \$0

ADDITIONAL NAMED INSURED(S)	
Name	Address
No Additional Named Insureds	

ADDITIONAL INTEREST(S)		
#	Interest Type	Name and Address
		Loan Number



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

Dwelling Fire DP-1 Basic Form Policy - Declarations

Policy Number: 06136671 - 3

POLICY PERIOD: FROM 11/02/2023 TO 11/02/2024

First Named Insured: Carl Cline

at 12:01 a.m. Eastern Time at the Location of the Residence Premises

If this Policy is located within the Special Flood Hazard area defined by the Federal Emergency Management Agency (FEMA), flood coverage must be in place:

- a. Effective on or after April 1, 2023, for a new Citizens policy.
- b. Effective on or after July 1, 2023, for the renewal of a Citizens policy.

If the property insured by Citizens under this policy is located outside of the Special Flood Hazard area, flood coverage must be in place effective on or after:

- a. January 1, 2024, for property valued at \$600,000 or more.
- b. January 1, 2025, for property valued at \$500,000 or more.
- c. January 1, 2026, for property valued at \$400,000 or more.
- d. January 1, 2027, for all property insured by Citizens.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

TO REPORT A LOSS OR CLAIM CALL 866.411.2742

INFORMATION ABOUT YOUR POLICY MAY BE MADE AVAILABLE TO INSURANCE COMPANIES AND/OR AGENTS TO ASSIST THEM IN FINDING OTHER AVAILABLE INSURANCE MARKETS.

PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY. IF YOU ARE UNABLE TO CONTACT YOUR AGENT, YOU MAY REACH CITIZENS AT 866.411.2742.



SHELLY MOORE
JENSEN INSURANCE SERVICES, INC
803 NORTH 3RD STREET
JACKSONVILLE BEACH, FL 32250

CARL CLINE
6169 LAKE GRAY BLVD, SUITE 103
C/O DUVAL REALTY
JACKSONVILLE, FL 32244

Quick Start Guide

- 1 Remove your ID card and keep it in a safe location.
- 2 Ensure your contact information is correct and up-to-date. Make any needed changes by contacting your agent.

Provide a mobile number and valid email to make it easier to contact you in an emergency.

- 3 Review your policy documents to familiarize yourself with your coverage and policy conditions. Store your documents in a safe, waterproof location.

Contact your agent for any coverage changes, information updates or policy questions.

- 4 Register for myPolicy at www.citizensfla.com/mypolicy to Go Paperless with your policy documents, view claims and billing information, make payments and report a claim online.

- 5 Like *Citizens Property Insurance Corporation* on Facebook and follow us on Twitter at @citizens_fl for storm preparedness tips, Citizens news and insurance education. Additional resources are available at www.citizensfla.com.

- 6 Water is a leading cause of damage in claims throughout Florida. Review the *Duties After Loss* section in your contract to learn about your responsibilities after a claim.

Warning: Premium presented could increase by up to 45% if Citizens is required to charge assessments following a major catastrophe.

If you have a claim or suspect property damage, **Contact Citizens First!**



www.citizensfla.com/mypolicy
866.411.2742
Available 24/7/365



Citizens Is Ready

Citizens works year-round to be prepared to support you when you need us most. Visit our Storms page at www.citizensfla.com for resources to help you prepare, monitor and respond to major storms and hurricanes and to learn about Citizens' response efforts in your area.

Policy Questions?

Contact your agent at the telephone number provided on your *Declarations* page or call Citizens at 866.411.2742.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2024

DUVAL REALTY INC.
6196 LAKE GRAY BOULEVARD
SUITE 103
JACKSONVILLE, FL 32244

SUBJECT: COLLEGE CENTER CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000007106

We have received your document for COLLEGE CENTER CONDOMINIUM 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.

Anissa Butler
Regulatory Specialist II

Letter Number: 124A00010829

Rec
4/29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2024

DUVAL REALTY, INC.
6196 LAKE GRAY BOULEVARD
SUITE 103
JACKSONVILLE, FL 32244

SUBJECT: COLLEGE CENTER CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000007106

We have received your document for COLLEGE CENTER CONDOMINIUM 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):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 524A00008946

*Rec
5/9*