

**N0500000 8510**

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

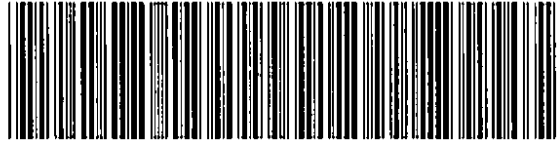
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*Andrews  
N/C*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2020

KATHRYN H. DAVIDSON  
TEAM SHIPP RECK HARBOR ASSN, INC  
111 SARGASSO LANE  
WINTER HAVEN, FL 33880

SUBJECT: SHIPP RECK HARBOR HOMEOWNERS ASSN. INC.  
Ref. Number: N05000008510

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

PLEASE COMPLETE THE NOT FOR PROFIT AMENDMENT FORM  
PROVIDED ONLY AND RESUBMIT.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 920A00009298

COVER LETTER

RECEIVED

JUN 29

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SHIPP RECK HARBOR HOMEOWNERS ASSN., INC.

DOCUMENT NUMBER: NO5000008510

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

Please return all correspondence concerning this matter to the following:

KATHRYN H. DAVIDSON

(Name of Contact Person)

(Firm/ Company)

111 SARGASSO LANE

(Address)

WINTER HAVEN, FL 33880

(City/ State and Zip Code)

Kathy5457@aol.com

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

For further information concerning this matter, please call:

KATHRYN H. DAVIDSON

(Name of Contact Person)

at 267 243-0255

(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

Articles of Amendment  
to  
Articles of Incorporation  
of

SHIPP RECK HARBOR HOMEOWNERS ASSN., INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

NO5000008510  
(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:**

TEAM SHIPP RECK HARBOR ASSN., INC. 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)

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**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: KATHRYN H. DAVIDSON  
111 SARGASSO LANE  
(Florida street address)

New Registered Office Address: WINTER HAVEN, Florida 33880  
(City) (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.*

Kathryn H. Davidson  
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>

*PLEASE SEE ATTACHMENT*

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
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)*

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1) ✓	X Change	P	Thomas Dunkle	96 Sargasso Ln. Winter Haven, FL 33880
	X Add	C	Nancy A Brault	19 Key West Ave. Winter Haven, FL 33880
	X Remove	P	Thomas Dunkle	96 Sargasso Ln. Winter Haven, FL 33880

2) ✓	X Change	VP	Don Stuck	104 Gasparilla Pass Winter Haven, FL 33880
	X Add	C	Wanda Grandmasion	84 Gasparilla Pass. Winter Haven, FL 33880
	X Remove	VP	Don Stuck	104 Gasparilla Pass Winter Haven, FL 33880

3) ✓	X Change	S	Cindy Unrath	47 Herrerias Ave. Winter Haven, FL 33880
	X Add	ST	Kathyrn H Davidson	111 Sargasso Ln. Winter Haven, FL 33880
	X Remove	S	Cindy Unrath	47 Herrerias Ave. Winter Haven, FL 33880

4)				
	X Remove	T	Darlene Disbro	16 Key West Ave. Winter Haven, FL 33880

E.	I would leave this BLANK, there is no need for duplication of information...keep it simple.			
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Lined area for text entry.

The date of each amendment(s) adoption: FEBRUARY 8, 2020, 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 4-13-2020

Signature Nancy Brawt

(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)

Nancy Brawt  
(Typed or printed name of person signing)

Chairman  
(Title of person signing)