

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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August 1, 2024

TONY BOMBE P.O. BOX 267 OKAHUMPKA, FL 34762

SUBJECT: CLEARWATER RESERVE HOME OWNERS ASSOCIATION, INC. Ref. Number: N05000011115

We have received your document for CLEARWATER RESERVE HOME OWNERS 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):

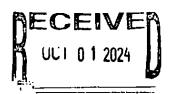
THERE ARE PAGES MISSING FROM YOUR DOCUMENT. PLEASE FINE ENCLOSED AND COMPLETE/INCLUDE THE MISSING PAGES.

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) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

Letter Number: 924A00017084



COVER LETTER

TO: Amendment Section Division of Corporations

Bivision of Corporation	12				
NAME OF CORPORATION	Clearwater Reserv	e Home Owners Associ	ation, Inc.		
DOCUMENT NUMBER:	N05000011115				
The enclosed Articles of Am	endment and fee are su	bmitted for filing.			
Please return all corresponde	nce concerning this ma	tter to the following:			
Tony Bombe					
		(Name of Contact Per	son)		
Clearwater Reserve Home C	wners Association, Inc		,		,
		(Firm/ Company)	·		
P.O. Box 267					i I
-		(Address)	 -	_	
Okahumpka, Florida 34762					
		(City/ State and Zip C	ode)		
accounting@clearwaterreser	ve.hoaspace.com				
E-	mail address: (to be use	d for future annual repo	rt notificatio	n)	
For further information conce	rning this matter, pleas	call;			i
Tony Bombe c/o Merideth C	Nagel, Esq.	at	352	394-7408	1
(Name of Contact Person	· ——— –	Area Code)	(Daytime Teleph	one Number)
Enclosed is a check for the fo	llowing amount made p	ayable to the Florida De	partment of	State:	
■ \$ 35 Filing Fee (□\$43.75 Filing Fee & Certificate of Status		□\$52.50 Certifi Certifi	Filling Fee cate of Status ed Copy ional Copy is	
Mailing Ad Amendinen	dress Section	Stres Amer	t Address Idment Secti	On.	

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Clearwater Reserve Home Owners Association, Inc.	
(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 amendment(s) to its Articles of Incorporation:	following
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp."	The nev
- Company or Co. may not be used in the name.) <i>INC.</i>
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	· <u>-</u> _
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	2021
; • · · · · · · · · · · · · · · · · · ·	000
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:	1
Name of New Registered Agent:	. ↓ <u>~</u>
New Registered Office Address: (Florida street address)	
(City) (Zip Code)	1
New Registered Agent's Signature, if changing Registered Agent: 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	

	1
	
	
	
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	}
The date of each amendment(s) adoption: July 3, 2024 date this document was signed.	if other than the
Effective date if applicable:	
(no more than 90) days after amendment file date)	<u> </u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
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.	

(Attach additional she Please note the officer P = President: V= Vic	ets, if necessary) /director title by t ce President; T= T O = Chief Financ	he first letter of the office title: Freasurer; S= Secretary; D= Director; I	officer/director being removed and title, name, TR = Trustee; C = Chairman or Clerk; CEO = Chief nore than one title, list the first letter of each office
Changes should be not a change, Mike Jones Mike Jones, V as Remo			as the PST and Mike Jones is listed as the V. There is These should be noted as John Doc, PT as a Change,
Example: X Change X Remove X Add	<u>V</u> <u>Mike</u>	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>s</u>	Nancy Morris	P.O. Box 267 Okahumpka, FL 34762
Remove 2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or additional she	ing additional Ac ets, if necessary).	ticles enter change(s) hore (Be specific)	

opted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	July 3, 2024
Signature	7
	(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)
	Tony Bombe
	(Typed or printed name of person signing)
	President
	(Title of person signing)