NO5 0000 12247

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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R. WH. TE. SEP 08 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Heritage - The Co	ottages of Sanders Grove Pr	operty Owners Association, I
DOCUMENT NUN	IBER: N0500012247		
The enclosed Article	s of Amendment and fee are si	ubmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Barbara H. Luikart, Attorney	at Law	
		Name of Contact Perso	n
	Anthony & Partners, LLC		
		Firm/ Company	
	100 South Ashley Drive, Sui	te 1600	
		Address	
	Tampa, Florida 33602		
		City/ State and Zip Cod	e
	bluikart@anthonyandpartner	s.com	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plea	813	273-5616
Name	of Contact Person	at (at Co) de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		•
S35 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)
Am Div P.O	illing Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303



August 5, 2021

BARBARA H LUIKART 100 SOUTH ASHLEY DR SUITE 1600 TAMPA, FL 33602

SUBJECT: HERITAGE - THE COTTAGES OF SANDERS GROVE PROPERTY OWNERS ASSOCIATION, INC.

Ref. Number: N05000012247

We have received your document for HERITAGE - THE COTTAGES OF SANDERS GROVE PROPERTY 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):

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

Catherine M Brumbley Regulatory Specialist II

Letter Number: 121A00018483

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Heritage ON:	The Cottages of	Sanders Grove Pr	roperty O	wners Association, Inc.	
DOCUMENT NUMBER:	N05000012247					
The enclosed Articles of Am	nendment and fee	are submitted for	filing.			
Please return all corresponde	ence concerning t	his matter to the fo	ollowing:			
Barbara H. Luikart, Attorne	y at Law					
		(Name of	f Contact Person)			
Anthony & Partners, LLC						
		(Firm	n/ Company)		, <u></u>	
100 South Ashley Drive, Su	ite 1600					
	 	(Address)			
Tampa, Florida 33602						
		(City/ Sta	te and Zip Code)			
bluikart@anthonyandpartne	rs.com					
——Е	-mail address: (to	be used for futur	e annual report no	tification)	
For further information conc	erning this matter	r, please call:				
Barbara H. Luikart			81; at		273-5616	
	(Name of Contac	t Person)	at(Area	a Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount	made payable to	the Florida Depar	tment of S	State:	
□ \$35 Filing Fee	☐\$43.75 Filing Certificate of	Status Certific	ed Copy ional copy is	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing A	ddress		Street A	ddress		

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

Heritage - The Cottages of Sanders Grove Property Ow (Name of Corporation as currently State Visited State Visita	nots Association, Inc.
(Name of Corporation as currently filed with the Florid N05000012247	ia Dept. of State)
(Dogument M	
(Document Mi	mber of Corporation (if known)
	tutes, this Florida Not For Profit Corporation adopts the follow
A. If amending name, enter the new name of the corpor	cation:
name must be distinguishable	<u> </u>
	The neration" or "incorporated" or the abbreviation "Corp." or "Inc.
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES</u> :	1810 West Kennedy Boulevard
SEST BEASTREET ADDRESS	S) Suite 232
	Tampa, Florida 33606
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1810 West Kennedy Boulcvard
	Suite 232
	Tampa, Florida 33606
If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ce address in Florida, enter the name of the
	I. Luikart, Attorney at Law, Anthony & Partners, LLC
	Ashley Drive, Suite 1600
New Registered Office Address:	(Florida street address)
Tampa	33602
W Projectown d A	(City) , Florida
v Registered Agent's Signature, if changing Registered A	<u>lgent:</u>
appointment as registered agent. I am fam	iliar with and appoint the state
• •) Trunchers.cc
134; 17am	you to truit
Sign	nature of New Registered Agent, if changing
5h	archolder

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: X Change X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	Hans Hsu	2180 West SR 434 Blvd Suite 5000
x Remove			Longwood, Florida 32779
2) Change Add	D	Ed O'Donnell	2180 West SR 434 Blvd Suite 5000
x Remove 3) Change x Add Remove	<u>P. D</u>	Franciscus Bombeeck	Longwood, Florida 32779 1810 West Kennedy Boulevard Suite 232 Tampa, Florida 33606
4) Change Add	<u>D</u>	Donald Scalf	1810 West Kennedy Boulevard Suite 232
Remove			Tampa, Florida 33606
5) Change Add	D	Jason Lee Monroe	1810 West Kennedy Boulevard Suite 232
Remove			Tampa, Florida 33606
6) Change Add			
Remove			
E. If amending or add (attach additional she		rticles, enter change(s) here: (Be specific)	
-			
-			
	_		

	
	<u>_</u>
	
	
	
	
	_
The date of each amendment(s) adoption:, if of date this document was signed.	other than the
Effective date if applicable: July 15, 2021	
(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 lis document's effective date on the Department of State's records.	ted as the

(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.

Adoption of Amendment(s)

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 8/24/2021
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)
F. Barbeecl
(Typed or printed name of person signing)
President
(Title of person signing)