

NO5 000012347

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

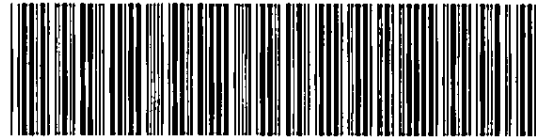
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FILED  
2021 DEC 27 PM 5:53  
SECRETARY OF STATE  
TOLSON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 DEC 27 PM 8:15

December 7, 2021

LISA CERCEK  
PO BOX 618  
BAY PINES, FL 33744

SUBJECT: ROYAL CAMELOT CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N05000012347

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.

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). All pages must be returned in order to file the document. Please submit pages 3-4 of the Florida Not For Profit Corporation form.

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.

Querida R Silas  
Regulatory Specialist II

Letter Number: 921A00029413

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Royal Camelot Condominium Association, Inc

DOCUMENT NUMBER: N 05000012347

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

Please return all correspondence concerning this matter to the following:

LISA CERCEK

(Name of Contact Person)

LKC PROPERTY MANAGEMENT

(Firm/ Company)

PO Box 618

(Address)

Bay Pines, Florida 33744

(City/ State and Zip Code)

BEACHMAINT@aol.com

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

For further information concerning this matter, please call:

LISA K CERCEK

(Name of Contact Person)

at 727 517-0706

(Area Code) (Daytime Telephone Number)

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

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED

ROYAL CAMELOT CONDOMINIUM ASSOCIATION, INC.

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

N 05000012347

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>FLURNOY RON</u>	<u>2054 LARCHMONT WAY</u> <u>CLEARWATER, FL 33764</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>P</u>	<u>SAUNDERS, PERCY</u>	<u>603 MANDALAY AVE</u> <u>CLEARWATER BEACH, FL 33767</u>
3) <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>STANA, VINCENT</u>	<u>119 WOODCREEK DR S</u> <u>SAFETY HARBOR, FL 34696</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>MCCOY, DAVID</u>	<u>11580 116TH ST N</u> <u>LARGO, FL 32314</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>SKURA, DAN</u>	<u>603 MANDALAY AVE</u> <u>CLEARWATER BEACH, FL 33767</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T/S</u>	<u>BEN-AVRANAM, REVE</u>	<u>3906 SOUTH LYNNWOOD</u> <u>TAMPA, FL 33611</u>

E. If amending or adding additional Articles, enter change(s) here:

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

7 Add	<u>T</u>	<u>SAUNDERS, JUDY</u>	<u>603 MANDALAY AVE</u> <u>CLEARWATER BEACH, FL 33767</u>
8 Add	<u>D</u>	<u>LA ROCCA, ANTHONY</u>	<u>603 MANDALAY AVE</u> <u>CLEARWATER BEACH, FL 33767</u>
9 change	<u>S</u>	<u>MORAN, REGINA</u>	<u>603 MANDALAY AVE</u> <u>CLEARWATER BEACH, FL 33767</u>

Blank lined area for text entry.

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 Dec 22, 2021

Signature P L Saunders

(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)

Percy L SAUNDERS  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)