

NO5000012669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

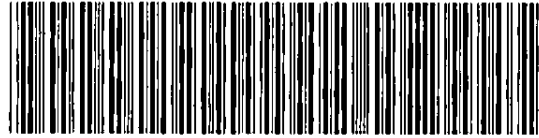
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

5000012669  
RA. Mrs.  
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11/11/2024

Office Use Only



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TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2024

MICHONG SPARHAWK  
231 LAGOON MIST CT  
OKA HILL, FL 32759

SUBJECT: LAGOON MIST HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N05000012669

We have received your document for LAGOON MIST HOMEOWNERS 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 registered agent must sign.

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.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 224A00007200

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Lagoon Mist Homeowners Association Inc

DOCUMENT NUMBER: N05000012669

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

Please return all correspondence concerning this matter to the following:

Michong Sparhawk

(Name of Contact Person)

(Firm/ Company)

231 Lagoon Mist CT

(Address)

Oka Hill Fl 32759

(City/ State and Zip Code)

michongkim@rocketmail.com

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

For further information concerning this matter, please call:

Michong Sparhawk

508

826-2121

(Name of Contact Person)

at

(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 &<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

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Articles of Amendment  
to  
Articles of Incorporation  
of

Lagoon Mist Homeowners 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 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: Michong Sparhawk

(Florida street address)

New Registered Office Address:

231 Lagoon Mist Ct Oak Hill, Florida 32759

(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.

  
Signature of New Registered Agent, if changing

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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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change  
☒ Add

President

Michong Sparhawk

231 Lagoon Mist Ct  
Oak Hill FL 32759

☐ Remove

2) ☐ Change  
☐ Add

Director

Mark Sparhawk

231 Lagoon Mist Ct  
Oak Hill FL 32759

☒ Remove

3) ☐ Change  
☐ Add  
☐ Remove

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) ☐ Change  
☐ Add

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Remove

5) ☐ Change  
☐ Add

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Remove

6) ☐ Change  
☐ Add

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Remove

F. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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The date of each amendment(s) adoption: March 11, 2024 if other than the date this document was signed.

Effective date if applicable: March 11, 2024  
(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

5/2/2024

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)

Michong Sparhawk

(Typed or printed name of person signing)

President

(Title of person signing)

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