

NO6 0000006377

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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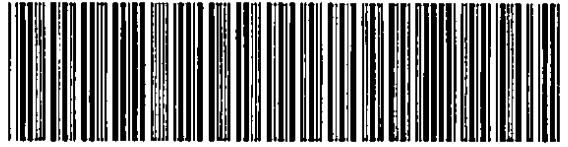
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2021 NOV 12 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Avalon Condominium Units Association I

DOCUMENT NUMBER: NO6000006377

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

Please return all correspondence concerning this matter to the following:

Rob Welch

(Name of Contact Person)

(Firm/ Company)

3415 W. Anthony Rd, unit 701, OCA

(Address)

OCALA FL. 34475

(City/ State and Zip Code)

Rob@Robwelch.com

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

For further information concerning this matter, please call:

Rob Welch

(Name of Contact Person)

at 352-209-6011

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

FILED

2021 NOV 12 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Avalon Condominium Units Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO6000006377

(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)

Rob Welch
3415 W. Anthony Rd unit 701
Ocala FL. 34475

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:

Rob Welch

3415 W. Anthony Rd unit 701
(Florida street address)

New Registered Office Address:

Ocala

(City)

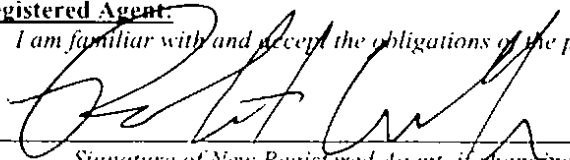
Florida

34475

(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	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) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Lisa Ashcraft</u>	<u>9491 SW 14th Ave</u> <u>OCALA FL. 34476</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Rob Welch</u>	<u>3415 W. Anthony Rd unit 701</u> <u>OCALA FL. 34475</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Kristin Lloyd</u>	<u>3415 W. Anthony Rd unit 701</u> <u>OCALA FL. 34475</u>
4) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Holly Kent</u>	<u>3415 W. Anthony Rd unit 7</u> <u>OCALA FL. 34475</u>
5) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Tim Greeno</u>	<u>3415 W. Anthony Rd unit</u> <u>OCALA FL. 34475</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Richard DesEnfants</u>	<u>3415 W. Anthy Rd un</u> <u>OCALA FL. 34475</u>

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

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

1. Article VIII, Sale, Rental, Lease or Mortgage of Units, is amended by adding a new section 8.4 as follows:
"8.4. Minimum Term of Lease. A Unit shall not be leased for a period of less than seven (7) months."

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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Lisa Ashcraft</u>	<u>9491 SW 14th Ave</u> <u>OCALA FL 34476</u>
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)

2. Article III Plan of Development, Section 3.4 is amended whereby the 1st sentence of the section shall read as follows:

"Nor shall anything herein contained be construed as limiting or preventing the ownership of more than one Unit and appurtenant undivided interest in the Common Elements by any person or entity; however, no person or entity shall own more than two (2) Units."

See addendum (1) & (2)

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)

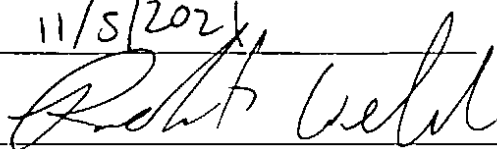
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/5/2021

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)

Robert Welch
(Typed or printed name of person signing)

President
(Title of person signing)

①

THIS DOCUMENT PREPARED BY,
RECORD AND RETURN TO:
DANIEL HICKS, ESQ.
DANIEL HICKS, P.A.
421 South Avenue
OCALA, FL 34474

**FIRST AMENDMENT TO THE
DECLARATION OF CONDOMINIUM
OF AVALON CONDOMINIUMS**

WHEREAS, the undersigned, ASHCROFT PROPERTIES, INC., a FL corporation, hereinafter referred to as "Developer", owns certain real property in Marion County, Florida, in fee simple; and

WHEREAS, Developer desires to submit the real property to condominium ownership pursuant to the provisions of the Condominium Act by Declaration of Condominium.

WHEREAS, THIS DECLARATION OF CONDOMINIUM OF AVALON CONDOMINIUMS (the "DEC") dated January 28, 2020 and recorded on February 7, 2020, in Official Records Book 7130, Pages 575-631, in the Public Records of Marion County, Florida.

NOW, THEREFORE, pursuant to the DEC and the Articles of Incorporation and Bylaws of Avalon Condominium Units Association, Inc., a Florida Corporation, the DEC is amended, as follows:

1. Article VIII, SALE, RENTAL, LEASE OR MORTGAGE OF UNITS, is amended by adding a new section 8.4, as follows:

"8.4. Minimum Term of Lease. A Unit shall not be leased for a period of less than seven (7) months."

2. Article III, PLAN OF DEVELOPMENT, Section 3.4 is amended whereby the last sentence of the section shall read as follows:

"Nor shall anything herein contained be construed as limiting or preventing the ownership of more than one Unit and appurtenant undivided interest in the Common Elements by any person or entity; however, no person or entity shall own more than two (2) Units."

IN WITNESS WHEREOF, this First Amendment to Declaration of Condominium of Avalon Condominiums has been signed and sealed by the undersigned as of this 4 day of November, 2021.

President and Secretary of Avalon Condominium,
Units, Inc.

Marlene Larsen
Witness #1
Printed Name: Marlene Larsen

Katelynn Giles
Witness #2
Printed Name: Katelynn Giles

Lisa M. Ashcroft
Lisa M. Ashcroft

(2)

Katelynn Giles

Witness #1

Printed Name: Katelynn Giles

Markene Larsen

Witness #2

Printed Name: Markene Larsen

Markene Larsen

Witness #1

Printed Name: Markene Larsen

Katelynn Giles

Witness #2

Printed Name: Katelynn Giles

Directors of the Avalon Condominium Units, Inc.

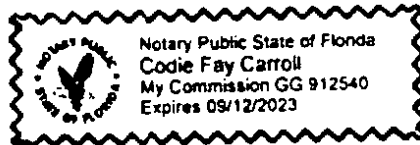
Lisa Ashcroft
Lisa Ashcroft, Director

David Ashcroft
David Ashcroft, Director

STATE OF FLORIDA
COUNTY OF MARION

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, by means of X physical presence or ___ online notarization, Lisa M. Ashcroft, as President, Secretary and Director of Avalon Condominium Units, Association, Inc., a Florida Corporation, to me known to be the person described in and who executed the foregoing Declaration of Condominium and acknowledged before me that she executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the County and State last aforesaid, this 4th day of November, 2021.

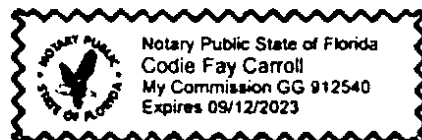


STATE OF FLORIDA
COUNTY OF MARION

Codie Carroll
Notary Public

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, by means of X physical presence or ___ online notarization, David Ashcroft, as Director of Avalon Condominium Units, Association, Inc., a Florida Corporation, to me known to be the person described in and who executed the foregoing Declaration of Condominium and acknowledged before me that she executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the County and State last aforesaid, this 4th day of November, 2021.



Codie Carroll
Notary Public