

N06000008955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

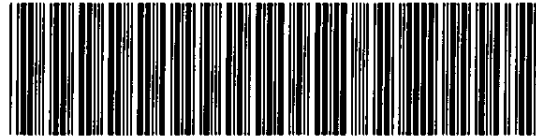
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700098442037

04/25/07--01035--007 **43.75

FILED
07 APR 25 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NIC
SB

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CAMELIA ESTATES HOMEOWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: N06000008955

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

Please return all correspondence concerning this matter to the following:

Jessica Paz Mahoney, Esquire
(Name of Contact Person)

DONNA J. FELDMAN, P.A.
(Firm/ Company)

19321-C U.S. Highway 19 North, Suite 103
(Address)

Clearwater, Florida 33764
(City/ State and Zip Code)

For further information concerning this matter, please call:

Jessica Mahoney at (727) 536-8003
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☐ \$35 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) |
|--|--|--|--|

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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CAMELIA ESTATES HOMEOWNERS ASSOCIATION, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

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:

CAMELLIA ESTATES HOMEOWNERS ASSOCIATION, INC.
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

FILED
07 APR 25 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: April 19, 2007

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

RICHARD A. DOMBROWSKI
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35