NO6953

(Req	uestor's Name)		
. (Add	ress)		
(Add	ress)		
. (City)	/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Bus	iness Entity Nar	me)	
(Doc	ument Number)	1	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2015

Sharon Hurley, President Strawberry Ridge Homeowner's Association 509 Strawberry Ridge Blvd Valrico, FL 33594

SUBJECT: STRAWBERRY RIDGE HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N06953

We have received your document for STRAWBERRY RIDGE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Annette Ramsey Regulatory Specialist II

Letter Number: 315A00006500

15 MAY 22 PM 1:56

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Strawberry Ridge H	lomeowners Associat	ion, Inc.	
	N06953			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all correspond	ence concerning this matte	r to the following:		
Sharon Hurley, President	:			
		(Name of Contact Perso	on)	
Strawberr Ridge Homeov	vners Association, Inc			
		(Firm/ Company)		
509 Strawberry Ridge Blv	⁄d			
		(Address)		· · · ·
Valrico, FL 33594				
		(City/ State and Zip Coo	ie)	
sshurley@gmail.com				
E	-mail address: (to be used	for future annual report	notification)	
For further information conc	erning this matter, please of	eall:		
Sharon Hurley	813-315-948 at			
	(Name of Contact Person)		rea Code) (Daytime Teleph	one Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Dep	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailina A	ddmana	C44	A 4 4	

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

Articles of Amendment to Articles of Incorporation of

FILED

Strawberry Ridge Homeowners Association, Inc	2	1915 HAY 22	MH 2: 04
(Name of Corporation as of	urrently filed with the Florida Dept	of State)	OF STATE,
N06953	1	ALLAHASSE	E. ELORIDA
(Document	Number of Corporation (if known)	大学學	;
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For Profit C</i>	Corporation add	opts the following
A. If amending name, enter the new name of the cor	poration:	-	
			The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	rporation" or "incorporated" or the	abbreviation "(Corp." or "Inc."
B. Enter new principal office address, if applicable:) FGG \		
(Principal office address <u>MUST BE A STREET ADD)</u>	(E33)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registere	d office address in Florida, enter the	e name of the	
new registered agent and/or the new registered o			
Name of New Registered Agent:	n DiBeneditto, Secretary		
	Co Choo Choolan (Florida street	e	
New Registered Office Address:	(Florida street	t address)	
new negasereu ojnee Auuress.	1		33-GI/
	arico	, Florida _	33594 ode)
	(City)	(Zip Co	ode)
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered agent. I	am familiar with and accept the oblig	ations of the po	osition.
	Van Di Ben	e ditte	5
	Signature of New Registered Age	nt, if changing	

Page 1 of 4

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doo Mike Jor Sally Sm	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		-		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change	 =			
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change		-		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
	Article VII: Directors			
	: There shall be nine (9) members of the Board of Directors of the corporation.			
To:				
	·			

	he date of each amendment(s) adoption: ate this document was signed.	, if other than the
Effe	ffective date if applicable:	
	(no more than 90 days after amendment file	date)
	ote: If the date inserted in this block does not meet the applicable statutory filing requocument's effective date on the Department of State's records.	uirements, this date will not be listed as the
Ado	doption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast was/were sufficient for approval.	t for the amendment(s)
	There are no members or members entitled to vote on the amendment(s). The ame adopted by the board of directors.	endment(s) was/were
	May 9, 2015 Dated	
	Signature (By the chairman or vice chairman of the board, president or oth	ner officer-if directors
	have not been selected, by an incorporator – if in the hands of a other court appointed fiduciary by that fiduciary)	
	Sharon Hurley	
	(Typed or printed name of person signature)	gning)
	President	
	(Title of person signing)	