## N0700001599

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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May 1, 2017

DANISE LIBIN DAVIS 1708 WALLACE MANOR LOOP WINTER HAVEN, FL 33880

SUBJECT: CENTRAL POINTE HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N07000001599

We have received your document for CENTRAL POINTE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

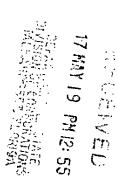
We are enclosing the proper form(s) with instructions for your convenience.

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.

Valerie Herring Regulatory Specialist II

Letter Number: 417A00008471



## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: Central F	Pointe Hon	se Owners Association, IN
DOCUMENT NUMBER: NO 700001	599	
The enclosed Articles of Amendment and fee are submi	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
Danise Libin Davis	Name of Contact Pe	erson)
Central Painte Home On	Vners AS (Firm/Company	sociation, INC.
1708 Wallace Manor L	(Address)	
Winter Haven, Fl 3388	City/ State and Zip	Code)
Central pointe hoa e yal	no. com or future annual rep	ort notification)
For further information concerning this matter, please ca	<b>II</b> :	
Darise Libin Davis	at	(954) 297-5940
(Name of Contact Person)		(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ble to the Florida [	Department of State:
	\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address	Str	reet Address

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

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

## The And And Articles of Amendment Articles of Incorporation (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: 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. Danise Libin Davis 1708 Wallace Manor Loop B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Winter Haven, FL 33900 C. Enter new mailing address, if applicable: Central Pointe HOA (Mailing address MAY BE A POST OFFICE BOX) inter Haven, FL 33883-7015 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:

<u>\_ Y</u>

New Registered Office Address:

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: X Change X Remove X Add	<u>V</u> <u>M</u> i	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	<u>P</u> _	Lou Carillo	Lou Carillo 1649 Wallace Manor Blue Winter Haven, Fl. 33880
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

(attach additional she	ets, if necessary).	(Be specific)					
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	t be listed as the
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 05/16/2017	
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)	
Danise Libin Davis (Typed or printed name of person signing)	
C I printed name of person signing)	
Decretary Treasurer (Title of person signing)	
( rese of bottom official)	

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