

N07000005945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

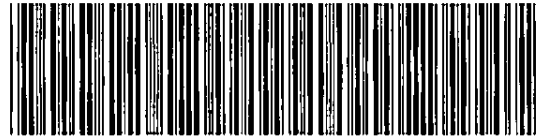
(Business Entity Name)

(Document Number)

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2020 APR 30 PM 3:21

FILED  
JULY 27  
2020  
FBI - BOSTON

Cam  
5/15/20

April 27, 2020

Florida Department of State  
Amendment Section  
Division of Corporations  
PO BOX 6327  
Tallahassee, Florida 32314

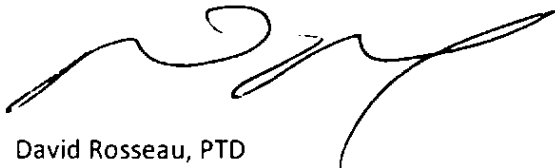
RE: N07000005945: Tarpon Point Homeowners Association, Inc.

To whom it may concern,

As required attached is the required cover letter and the completed Articles of Amendment to Articles of Incorporation of Tarpon Point Homeowners Association, Inc.

As required I have also included check # 1521 made payable to the Florida department of State in the amount of \$ 35 for the filing fee.

Any questions, please feel free to contact me.

A handwritten signature in black ink, appearing to read 'David Rosseau', with a stylized flourish extending from the end.

David Rosseau, PTD  
Tarpon Point Homeowner's Association, Inc.  
77521 Overseas Highway  
PO BOX 81  
Islamorada, Florida  
33036  
410-977-1783 mobile  
[drosseau@cerinc.com](mailto:drosseau@cerinc.com)

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TARPON POINT HOMEOWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: N07000005945

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

Please return all correspondence concerning this matter to the following:

DAVID ROSSEAU

(Name of Contact Person)

TARPON POINT HOMEOWNERS ASSOCIATION, INC.

(Firm/ Company)

P.O. BOX 81

(Address)

ISLAMORADA, FLORIDA 33036

(City/ State and Zip Code)

drosseau@cerinc.com

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

For further information concerning this matter, please call:

David Rosseau, President

410-977-1783

at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" 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

Articles of Amendment  
to  
Articles of Incorporation  
of

TARPON POINT HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N07000005945

(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)

P.O. BOX 81

ISLAMORADA, FLORIDA 33036

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:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(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

2020 APR 30 PM 3:21

SECRETARY OF  
STATE  
DIVISION OF CORPORATIONS

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	PTD	DAVID ROSSEAU	18 SOUTH STREET ANNAPOLIS, MARYLAND 2140
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	SD	ROBERT ROSSEAU	122 SAPODILLA DRIVE ISLAMORADA, FLORIDA 33036
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	JAMRES ROSSEAU	77521 OVERSEAS HIGHWAY BUILDING 10 ISLAMORADA, FLORIDA 33036
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)

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- ☒ 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 April 27, 2020

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)

David Rosseau

(Typed or printed name of person signing)

President/Treasurer/Director

(Title of person signing)