

# ND8000000568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

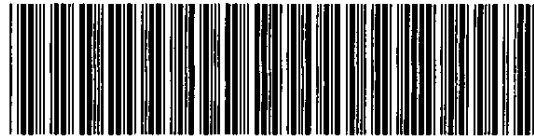
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

We already  
over paid this.  
Check was cashed  
AND we await  
the refund.

Pam Thomas  
727 741 3650



700119008297

03/03/08--01026--018 \*\*78.75

FILED  
08 MAR 24 PM 1:20  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Amend of  
W08-11583 3/25

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ORANGE Heights Home Owner's Assoc. Inc.

**DOCUMENT NUMBER:** N08000000568

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

Please return all correspondence concerning this matter to the following:

Sue Wilson

(Name of Contact Person)

5966 Twin Bend Loop

(Firm/ Company)

New Port Richey, FL 34652

(Address)

(City/ State and Zip Code)

For further information concerning this matter, please call:

Pam Thomas

(Name of Contact Person)

at ( 727 ) 741 3650

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <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<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

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

ATTN: Becky McKnight  
New Filing Section

**Street Address**

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

Articles of Amendment  
to  
Articles of Incorporation  
of

Orange Heights Home Owner's Association, INC.  
(Name of corporation as currently filed with the Florida Dept. of State)

N08 000000568

(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:

**NEW CORPORATE NAME (if changing):**

(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)**

① ARTICLE IV

ADD: Sue Wilson, 5966 Twin Bend Loop, New Port Richey, FL.  
DIRECTOR 34652

change ADDRESS  
ADD: Sandy Challeen 5919 Twin Bend Loop, New Port Richey, FL.  
DIRECTOR 34652

Delete: Wendie MacLean + ADDRESS AS DIRECTOR

Delete: Jon Challeen + ADDRESS AS DIRECTOR

② ARTICLE VI

Add-change Address

Sue Wilson 5966 Twin Bend Loop, New Port Richey FL 34652

③ Certificate of Designation of Registered Agent

ADD-change Address

Sue Wilson 5966 Twin Bend Loop, New Port Richey, FL 34652

(Attach additional pages if necessary)

(continued)

FILED  
MAR 24 PM 1:20  
STATE  
TALLAHASSEE FLORIDA

The date of adoption of the amendment(s) was: January 29, 2008

Effective date if applicable: January 29, 2008  
(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 Wendie MacLean  
(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.)

WENDIE MacLean  
(Typed or printed name of person signing)

President  
(Title of person signing)

**FILING FEE: \$35**