

NO2000000 7676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

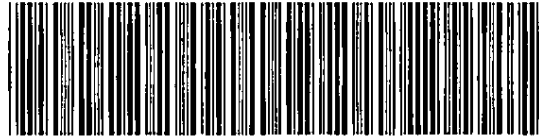
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01/24/20--01024--012 \*\$55.00

2020 MAR 12 PM 1:00

500339564135

C. GOLDEN

MAR 13 2020

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FIELDCREST HOMEOWNERS' ASSOCIATION, INC.

**DOCUMENT NUMBER:** N08000007676

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

Please return all correspondence concerning this matter to the following:

CORY O'CONNELL

(Name of Contact Person)

N/A / MEMBER

(Firm/ Company)

3916 FIELDING CT

(Address)

PACE FL 32571

(City/ State and Zip Code)

CORYOCONN@gmail.com

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

For further information concerning this matter, please call:

CORY O'CONNELL

(Name of Contact Person)

at

850 226 0866

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECORDED  
20 MAR 12 11:28

February 22, 2020

CORY O'CONNELL  
3916 FIELDING COURT  
PACE, FL 32571

SUBJECT: FIELDCREST HOMEOWNERS' ASSOCIATION, INC.  
Ref. Number: N08000007676

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

Please list only one (1) date.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 620A00003945

Articles of Amendment  
to  
Articles of Incorporation  
of

FIELDCREST HOMEOWNERS' ASSOCIATION, INC.

2023-12 PM 1:00

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

N08000007676

(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:

N/A

*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)

3916 FIELDING CT

PAGE, FL 32571

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

3916 FIELDING CT

PAGE, FL 32571

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:

CORY O'CONNELL

3916 FIELDING CT PAGE, FL 32571

(Florida street address)

New Registered Office Address:

PAGE

(City)

Florida 32571

(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)

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	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>DIR/PRES</u>	<u>JONATHAN DOWELL FREEMAN</u>	<u>3800 AIRPORT BLVD., STE 200</u> <u>MOBILE, AL 36608</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>DIR/SEC</u>	<u>JAY W. WEBER</u>	<u>3800 AIRPORT BLVD., STE 200</u> <u>MOBILE, AL 36608</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DIR/VT</u>	<u>L ELLIS LORD</u>	<u>3800 AIRPORT BLVD., STE 200</u> <u>MOBILE, AL 36608</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DIR/PRES</u>	<u>CORY P. O'CONNELL</u>	<u>3916 FIELDING CT</u> <u>PAGE, FL 32571</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DIR/SEC</u>	<u>STAN JACKSON</u>	<u>3850 FIELDING CT</u> <u>PAGE FL 32571</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DIR/VT</u>	<u>CHRISTOPHER J. REINES</u>	<u>3885 FIELDING CT</u> <u>PAGE, FL 32571</u>

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

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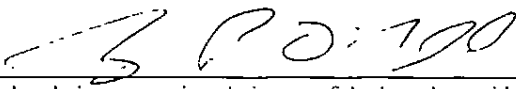


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☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ 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 01/20/2020

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)

CORY P O'CONNELL  
(Typed or printed name of person signing)

DIR PRES  
(Title of person signing)