

N08249

(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:

Office Use Only



300377648493

08/26/21--01015--015 **35.00

FILED

2021 SEP 20 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FL

DEC 09 2021

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RESIDENT'S ASSOCIATION OF CITRUS CENTER COLONY, INC.

DOCUMENT NUMBER: N08249

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

Please return all correspondence concerning this matter to the following:

VELMA J BOGENSCHUTZ

(Name of Contact Person)

RESIDENT'S ASSOCIATION OF CITRUS CENTER COLONY, INC.

(Firm/ Company)

432 CALAMONDIN ST

(Address)

LAKELAND, FL 33803

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

VELMA J BOGENSCHUTZ

(Name of Contact Person)

610

at

715-1843

(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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
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

FILED
2021 SEP 20 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2021

VELMA J BOGENSCHUTZ
432 CALAMONDIN ST
LAKELAND, FL 33803

SUBJECT: RESIDENTS' ASSOCIATION OF CITRUS CENTER COLONY, INC.
Ref. Number: N08249

We have received your document for RESIDENTS' ASSOCIATION OF CITRUS CENTER COLONY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please review the attached form. If it is completed properly please sign it and return it to me so I can get the amendment properly filed for you.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 921A00027383

Articles of Amendment
to
Articles of Incorporation
of

RESIDENT'S ASSOCIATION OF CITRUS CENTER COLONY, INC.

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

N08249

(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)

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

FILED
2021 SEP 20 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FL

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>PD</u>	<u>JANE FORTMAN</u>	<u>430 CALAMONDIN ST</u> <u>LAKELAND, FL 33803</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VD</u>	<u>AL CONKLIN</u>	<u>518 PONKAN ST</u> <u>LAKELAND, FL 33803</u>
<input checked="" type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>SD</u>	<u>BONNIE POLLOW</u>	<u>917 MURCOTT STREET</u> <u>LAKELAND, FL 33803</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TD</u>	<u>JOAN BROWN</u>	<u>625 RANGPUR ST</u> <u>LAKELAND, FL 33803</u>
5) <input type="checkbox"/> Change PST <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>STD</u>	<u>VELMA BOGENSCHUTZ</u>	<u>432 CALAMONDIN ST</u> <u>LAKELAND, FL 33803</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>JAN CONKLIN</u>	<u>518 PONKAN STREET</u> <u>LAKELAND, FL 33803</u>

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

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

REMOVE D MEL ARCAND 830 MANDARIN ST., LAKELAND, FL 33803

- ☐ 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 08/23/21 _____

Signature Velma J. Bogenschütz
(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)

VELMA BOGENSCHUTZ

(Typed or printed name of person signing)

ASST. S/T D

(Title of person signing)