

N08968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

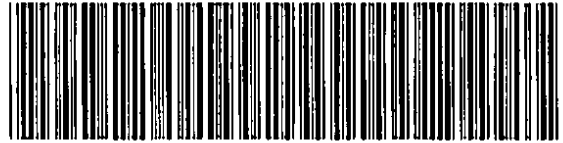
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/28/19--01018--019 **35.00

FILED

2019 APR 22 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FL

Amend.

04/23/19

De



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2019

ASHLEIGH VAN LEEUWEN
ACCOUNTING & BUSINESS PARTNERS
10730 102ND AVE. NORTH
SEMINOLE, FL 33778

SUBJECT: GULF CREST HOME OWNERS ASSOCIATION, INC.
Ref. Number: N08968

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):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 319A00007347

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gulf Crest Home Owners Association, Inc

DOCUMENT NUMBER: N08968

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

Please return all correspondence concerning this matter to the following:

Matthew Louiso

Name of Contact Person

Gulf Crest Home Owners Association, Inc

Firm/ Company

6985 Seminole Blvd. Lot 69A

Address

Seminole, FL 33772

City/ State and Zip Code

linda.boyce@yourabpartners.com

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

For further information concerning this matter, please call:

Linda Boyce

at (727)

828-9945

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
2019 APR 22 PM 12:02
a/ready
sent
with
previous
letter
dated
3-25-19.

Articles of Amendment
to
Articles of Incorporation
of

Gulf Crest Home Owners Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO 8968

(Document Number of Corporation (if known))

FILED
2019 APR 22 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FL

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: _____

(Florida street address)

New Registered Office 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

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>V</u>	<u>Ramon Ortiz</u>	<u>6985 Seminole Blvd, Lot 24</u>
<u> </u> Add			<u>Seminole, FL 33772</u>
<u> </u> Remove			
2) <u> </u> Change	<u>S</u>	<u>Julie Fesmire</u>	<u>6985 Seminole Blvd, Lot 19</u>
<u>X</u> Add			<u>Seminole, FL 33772</u>
<u> </u> Remove			
3) <u> </u> Change	<u>V</u>	<u>Dan Warren</u>	<u>6985 Seminole Blvd, Lot 78</u>
<u> </u> Add			<u>Seminole, FL 33772</u>
<u>X</u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

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

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

The date of each amendment(s) adoption: 03/27/17, if other than the date this document was signed.

Effective date if applicable: 03/27/19
..... (no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 3/27/19

Signature

Robert Louis

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Robert Matthew Louiso
(Typed or printed name of person signing)

President

(Title of person signing)