

1409000004536

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : TRIAD PROFESSIONAL SERVICES, INC.  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

*Resubmitting*

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COR AMND/RESTATE/CORRECT OR O/D RESIGN  
JACARANDA COMMONS OWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$43.75

FILED  
2012 MAY -4 PM 2:40  
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TALLAHASSEE, FLORIDA

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Help

*Amended 5-4-12*



May 4, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
JACARANDA COMMONS OWNERS ASSOCIATION, INC.  
3629 MADACA LANE  
TAMPA, FL 33618

SUBJECT: JACARANDA COMMONS OWNERS ASSOCIATION, INC.  
REF: N09000004536

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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) 245-8050.

Sylvia Gilbert  
Regulatory Specialist II

FAX Aud. #: H12000123170  
Letter Number: 512A00013476

RECEIVED  
12 MAY -4  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Jacaranda Commons Owners Association, Inc.

DOCUMENT NUMBER: N09000004536

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

Please return all correspondence concerning this matter to the following:

Sharon K. Gray

(Name of Contact Person)

Triad Professional Services, LLC

(Firm/ Company)

1720 Windward Concourse, Ste. 390

(Address)

Alpharetta, GA 30005

(City/ State and Zip Code)

jbaden@triadpros.com

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

For further information concerning this matter, please call:

Sharon K. Gray

(Name of Contact Person)

at ( 770 ) 777-2091

(Area Code & Daytime Telephone Number)

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

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2012 MAY -4 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Jacaranda Commons Owners Association, Inc.

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

N09000004536

(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)

400 Clematis Street

Suite 201

West Palm Beach, FL 33401

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

2851 John Street

Suite One

Markham, Ontario L3R 5R7

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: NRAI Services, Inc.

515 East Park Avenue

(Florida street address)

New Registered Office Address:

Tallahassee

(City)

Florida

32301

(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:

☒ Change      PT      John Doe  
☐ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P	Richard Trzinski	3629 Modoca Lane Tampa, FL 33618
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	PD	John W.B. Preston	400 Clematis Street Suite 201 West Palm Beach, FL 33401
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VPD	Jeffrey W. Preston	400 Clematis Street Suite 201 West Palm Beach, FL 33401
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VPSTD	Robert S. Green	2851 John Street Suite One Markham, Ontario L3R 5R7
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)

[illegible]

The date of each amendment(s) adoption: 04/30/2012

Effective date if applicable: \_\_\_\_\_  
(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(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 04/30/2012

Signature \_\_\_\_\_

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by any incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Robert S. Green

(Typed or printed name of person signing)

Vice President

(Title of person signing)