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209-32658

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B. McKnight JUL 2 3 2009

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed is an original a	nd one (1) copy of the Arti	cles of Incorporation and	a check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	▼\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate

FROM: ANN BLACK/SMITH, THOMPSON, SHAW & MAIN Name (Printed or typed)

3520 THOMASVILLE ROAD, FOURTH FLOOR Address

ADDITIONAL COPY REQUIRED

TALLAHASSEE, FLORIDA 32309

City, State & Zip

(850) 893-4105

Daytime Telephone number

annh@stslaw.com

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2009

SMITH THOMPSON SHAW & MAI ATTN: ANN BLACK ***WALK-IN***

SUBJECT: ZACKARY ESTATES HOMEOWNERS ASSOCIATION, INC.

Ref. Number: W09000032658

We have received your document for ZACKARY ESTATES HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Articles must be in numeric order. You are missing Article VII.

Please return the corrected original and one copy of 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) 245-6879.

Letter Number: 009A00024438

Ruby Dunlap Regulatory Specialist II New Filing Section 09 JUL 22 AM 10: 36

ARTICLES OF INCORPORATION OF ZACKARY ESTATES HOMEOWNERS ASSOCIATION, INC.

I

The Name of the corporation shall be **ZACKARY ESTATES HOMEOWNERS**ASSOCIATION, INC.

II

The duration of the corporation shall be perpetual.

III

The purpose for which the corporation is organized is to provide for the preservation of the values, amenities, attractiveness and desirability of real property known as **ZACHARY ESTATES** located in Okaloosa County Florida.

IV

The principal office of the corporation shall be located at **508-A Capital Circle**, **S.E.**, **Tallahassee**, **Florida 32301**.

V

The initial board of directors shall be three in number. Their names and addresses are as follows:

Douglas E. Turner 508-A Capital Circle SE Tallahassee, Florida 32301

John E. Whetsel 508-A Capital Circle SE Tallahassee, Florida 32301

Linda H. Smith 508-A Capital Circle SE Tallahassee, Florida 32301

VI

The manner of election of directors is referred to in the Bylaws.

VII

The name and address of the incorporator is **Susan S. Thompson at 3520**Thomasville Road 4th Floor, Tallahassee, Florida 32309.

VIII

The name of the initial registered agent of the corporation is SUSAN S. THOMPSON, Esquire at 3520 Thomasville Road, 4th, Tallahassee, Florida 32309.

IX

Membership is appurtenant to and may not be separated from ownership of any lot. \cdot

X

In the event of dissolution of the corporation, the assets shall be dedicated to a public body or conveyed to a non profit organization with similar purposes.

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As long as there is Class B membership, the following actions will require the prior approval of FHA or VA: annexation of additional properties, mergers and consolidations, mortgaging of common area, dedication of common area, dissolution and amendment of these articles.

XII

The Articles may be amended by the vote of at least 2/3 of the members.

SUSAN S. THOMPSON

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

First--that ZACKARY ESTATES HOMEOWNERS ASSOCIATION, INC. desiring to organize under the laws of the State of Florida with its principal office indicated in the articles of incorporation in the City of Tallahassee, County of Leon, State of Florida, has named SUSAN S. THOMPSON, Esquire, 3520 Thomasville Road, Fourth Floor Tallahassee, Florida 32309 as its agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above corporation, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

SUSAN S. THOMPSON

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