

NO9660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

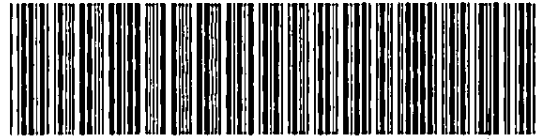
(Business Entity Name)

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2021 FEB-19 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

AB



February 11, 2021

To: Mr. George Keane  
1200 SW 21<sup>st</sup> Court  
Fort Lauderdale, Florida 33315

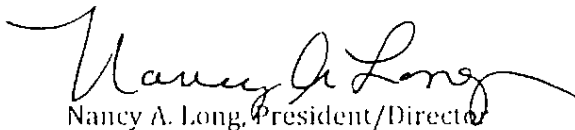
RE: NOTICE OF REMOVAL OF TITLE AND RESPONSIBILITIES ASSOCIATED WITH SUCH TITLE,  
BY ORDER OF OFFICERS OF THE BOARD OF DIRECTORS

DATE: February 11, 2021, 2020

TO: Mr. George Keane

I am writing to you in my capacity as the President and Directing Officer of the River Oaks Civic Association, Inc. ("Association"). At the February 10, 2020 monthly board meeting, a motion was made to relieve you of your duties as Treasurer of the Association. The directors in attendance voted, and by a quorum vote the motion passed. As of the above date, your title and duties are hereby revoked. The decision was done in accordance with River Oaks By-Laws Published 2021, Page 3, Duties of the Treasure, and Page 4 Paragraph 6. The reason for the motion was a failure to meet the position's obligations."

River Oaks Civic Association Inc.

  
Nancy A. Long, President/Director

Cc: Attendees  
Whitney Dutton, 1<sup>st</sup> Chair Vice President  
Andrea Leckey 2<sup>nd</sup> Chair Vice President  
Frances Antonelli 1<sup>st</sup> Chair Secretary

RIVER OAKS CIVIC ASSOCIATION, INC.  
PO BOX 22045  
FORT LAUDERDALE, FLORIDA 33315  
EMAIL [ROCARIVEROAKSCOMMUNITY@OUTLOOK.COM](mailto:ROCARIVEROAKSCOMMUNITY@OUTLOOK.COM)

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: RIVER OAKS CIVIC ASSOCIATION INC

DOCUMENT NUMBER: Document Number N09660

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

Please return all correspondence concerning this matter to the following:

NANCY A. LONG

(Name of Contact Person)

RIVER OAKS CIVIC ASSOCIATION INC.

(Firm/Company)

2361 SW 18TH AVENUE

(Address)

FORT LAUDERDALE, FLORIDA 33315

(City/State and Zip Code)

ROC.RIVEROAKS.COMMUNITY@OUTLOOK.COM

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

For further information concerning this matter, please call:

NANCY A. LONG

(Name of Contact Person)

954

at

(Area Code)

294-8488

(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) **OK 6070**

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

**FILED**

2021 FEB 19 PM 4:04

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

RIVER OAKS CIVIC ASSOCIATION INC.

SECRETARY OF STATE  
TALLAHASSEE, FL

\_\_\_\_\_  
(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*

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; R = Justice; 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 PT 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>TRES</u>	<u>GEORGE KEANEY</u>	<u>PO BOX 22045</u> <u>FORT LAUDERDALE, FL. 33335</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u>

**E. If amending or adding additional Articles, enter change(s) here**  
(attach additional sheets, if necessary). (Be specific)

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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 02/11/2021

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

NANCY A. LONG  
(Typed or printed name of person signing)

President / Manager  
(Title of person signing)