## N12000005440

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>CYPRESS TRAIL RV RESORT HOMEOUNERS</u> ASSOCI
DOCUMENT NUMBER: N12000005440
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KENNETH NOTTURNO (Name of Contact Person)
CYPRESS TRAIL RY RESORT HOMEOWNERS' ASSOCIATION Touch
5400 TILE STREET
(Address)
FORT MUERS FL 33905 (City/ State and Zip Code)
(City/ State and Zip Code)
KNOTTURNOG HARPDEVELOPMENT. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KENNETH NOTTURNO at 239 784 4296  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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 & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status  (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

## Articles of Amendment

to

Articles of Incorporation

CYPRESS TRAIL RV RESORT HOMEDWNERS' ASSOCIATION, INC  (Name of Corporation as currently filed with the Florida Dept. of State)  N 1 200005 4 4 0  (Document Number of Corporation (if known)  Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Nat For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  CYPRESS TRAILS RV RESORT HOMEOWNERS' ASSOCIATION, INC. The new man was 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:  (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:  New Registered Office Address:  New Registered Office Address:  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.	of
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$\sim$	I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Single Principle of the state o	N/A
Signature of New Registerea Agent, if changing	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 X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	\	NA	
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
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6) Change Add		<del></del>	
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E. If amending or adding (attach additional sheet	g additional s, if necessar	Articles, enter change(s) here: ry). (Be specific)	
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The date of each amendment(s) adoption: _	Fohrllagy	10 2020	
date this document was signed.	T COT WANT	10 100	, if other than the
Effective date if applicable:			
(no	more than 90 days after at	mendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statu of State's records.	ntory filing requirements,	this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)		
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the numb	per of votes east for the an	nendment(s)

įΣ1	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.
	Dated 12/12020
	Signature / Much /
	(Dy the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	KENNETHCNOTURNO
	(Typed or printed name of person signing)
	Prasident
	(Title of person signing)