

N120000 10 717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

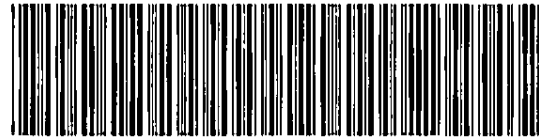
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2019 AUG 12 AM 11:57

ETD

R. WHITE
AUG 12 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2019

DANNY BALL
101 PARK HURST LN
DELAND, FL 32724

SUBJECT: WOODLAND RIDGE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N12000010717

We have received your document for WOODLAND RIDGE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The registered agent must sign accepting the designation.

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 119A00015681

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WOODLAND RIDGE HOMEOWNERS ASSOCIATION

Rebekah

DOCUMENT NUMBER: N12000010717

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

Please return all correspondence concerning this matter to the following:

DANNY BALL

(Name of Contact Person)

(Firm/ Company)

101 PARK HURST LN

(Address)

DELAND, FL 32724

(City/ State and Zip Code)

DANNYBALL@GMAIL.COM

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

For further information concerning this matter, please call:

DANNY BALL

407

242-0060

at

(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

2019 AUG 1

AM 11:24

RECEIVED

Articles of Amendment
to
Articles of Incorporation
of

WOODLAND RIDGE HOMEOWNERS ASSOCIATION, INC.

2019 AUG 12 AM 11:56

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

N12000010717

(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)

101 PARK HURST LN

DELAND, FL 32724

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

101 PARK HURST LN

DELAND, FL 32724

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: DANNY BALL

101 PARK HURST LN

(Florida street address)

New Registered Office Address:

DELAND

Florida 32724

(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input 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	<u>P</u>	<u>TIM DURKIN</u>	<u>PO BOX 1569</u>
<input type="checkbox"/> Add			<u>SANFORD, FL 32772</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>JESSICA RUTTER</u>	<u>101 PARK HURST LN</u>
<input checked="" type="checkbox"/> Add			<u>DELAND, FL 32724</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>V</u>	<u>LEAH GALLOGLY</u>	<u>113 PARK HURST LN</u>
<input checked="" type="checkbox"/> Add			<u>DELAND, FL 32724</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>ST</u>	<u>DANNY BALL</u>	<u>101 PARK HURST LN</u>
<input checked="" type="checkbox"/> Add			<u>DELAND, FL 32724</u>
<input type="checkbox"/> Remove			
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			

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

[illegible]

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


Effective date if applicable: _____
(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 08/05/2019 _____

Signature  _____

(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)

TIM DURKIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)