

N120000 11232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

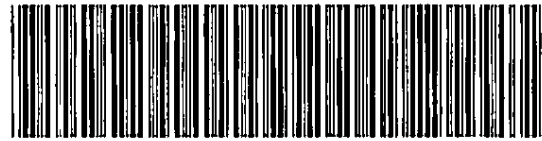
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 FEB 11 PM 3:23

Amend

FEB 10 2021

1 ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Keystone Palms Homeowners Association Corporation

DOCUMENT NUMBER: N12000011232

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

Please return all correspondence concerning this matter to the following:

Adel Riyad

(Name of Contact Person)

(Firm/ Company)

5717 Westshore Dr

(Address)

New Port Richey, Florida 34652

(City/ State and Zip Code)

KeystonepalmsHOA@gmail.com

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

For further information concerning this matter, please call:

Adel Riyad

727

5601467

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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2021

ADEL RIYAD
5717 WESTSHORE DR
NEW PORT RICHEY, FL 34652

SUBJECT: KEYSTONE PALMS HOMEOWNERS ASSOCIATION
CORPORATION
Ref. Number: N12000011232

We have received your document for KEYSTONE PALMS HOMEOWNERS ASSOCIATION CORPORATION 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 registered agent must sign accepting the designation.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 821A00002592

Articles of Amendment
to
Articles of Incorporation
of

Keystone Palms Homeowners Association Corporation

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

N12000011232

(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)

5717 Westshore Dr

New Port Richey FL, 34652

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5717 Westshore Dr

New Port Richey FL, 34652

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:

Adel Riyad

5717 Westshore Dr

(Florida street address)

New Registered Office Address:

New Port Richey

(City)

Florida 34652

(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 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>PT</u>	<u>Kristin Lister</u>	<u>3567 KEYSTONE RD</u> <u>TARPON SPRINGS, FL 34688</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>CHAVDA, KIRAN</u>	<u>3567 KEYSTONE RD</u> <u>TARPON SPRINGS, FL 34688</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>V</u>	<u>ZERVOS, ANGELA</u>	<u>3567 KEYSTONE RD</u> <u>TARPON SPRINGS, FL 34688</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>PT</u>	<u>Adel Riyad</u>	<u>5717 Westshore Dr</u> <u>New Port Richey, FL 3452</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>S</u>	<u>Vivian Farid</u>	<u>5717 Westshore Dr</u> <u>New Port Richey, FL 3452</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>V</u>	<u>Jina Ferrnaro</u>	<u>5717 Westshore Dr</u> <u>New Port Richey, FL 3452</u>
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

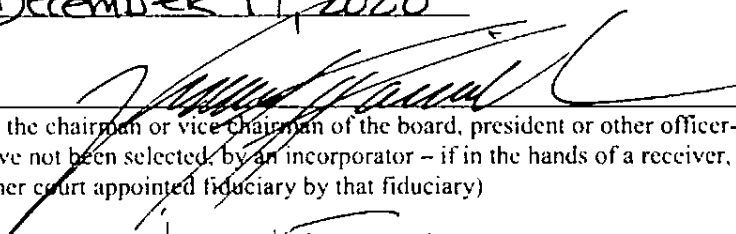
(attach additional sheets, if necessary). (Be specific)

- ☐ 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

December 17, 2020

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)

Vivian Farid.

(Typed or printed name of person signing)

officer - secretary

(Title of person signing)