

N130000003860

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(Address)

(City/State/Zip/Phone #)

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FEB 18 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _____
Royal Poinciana Neighborhood Association Inc.

DOCUMENT NUMBER: _____
N13000003860

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

Please return all correspondence concerning this matter to the following:

Elizabeth Ghougasian

(Name of Contact Person)

Royal Poinciana Neighborhood Association Inc.

(Firm/ Company)

31 S.W. Street

(Address)

Lake Worth Beach, FL 33460

(City/ State and Zip Code)

h2ghoua@gmail.com

(e-mail address; (to be used for future annual report notification))

For further information concerning this matter, please call:

Elizabeth Ghougasian _____ 917 280-9965

(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 checked="" 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

Articles of Amendment
to
Articles of Incorporation
of

Royal Poinciana Neighborhood Association Inc.

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

(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 "In-
"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, TR = Trustee, C = Chairman or Clerk, CFO = Chief Executive Officer, CFI = 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	T	Annie Donnelly	1319 Lucerne Ave. Lake Worth Beach, FL 33460
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	T	Elizabeth Ghougasian	31 S C Street Lake Worth Beach, FL 33460
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <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			

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

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

GENERAL INFORMATION	
NAME	
ADDRESS	
CITY	
STATE	
ZIP	
PHONE	
TELETYPE	
FAX	
E-MAIL	
DATE	
TIME	
LOCATION	
REASON FOR VISIT	
NAME OF PERSON RECEIVING VISITOR	
TITLE OF PERSON RECEIVING VISITOR	
DEPARTMENT OF PERSON RECEIVING VISITOR	
FACILITY NAME	
FACILITY ADDRESS	
FACILITY CITY	
FACILITY STATE	
FACILITY ZIP	
FACILITY PHONE	
FACILITY TELETYPE	
FACILITY FAX	
FACILITY E-MAIL	
FACILITY NAME	
FACILITY ADDRESS	
FACILITY CITY	
FACILITY STATE	
FACILITY ZIP	
FACILITY PHONE	
FACILITY TELETYPE	
FACILITY FAX	
FACILITY E-MAIL	
VISITOR'S SIGNATURE	
DATE	
TIME	
LOCATION	
REASON FOR VISIT	
NAME OF PERSON RECEIVING VISITOR	
TITLE OF PERSON RECEIVING VISITOR	
DEPARTMENT OF PERSON RECEIVING VISITOR	
FACILITY NAME	
FACILITY ADDRESS	
FACILITY CITY	
FACILITY STATE	
FACILITY ZIP	
FACILITY PHONE	
FACILITY TELETYPE	
FACILITY FAX	
FACILITY E-MAIL	
FACILITY NAME	
FACILITY ADDRESS	
FACILITY CITY	
FACILITY STATE	
FACILITY ZIP	
FACILITY PHONE	
FACILITY TELETYPE	
FACILITY FAX	
FACILITY E-MAIL	

Effective date if applicable: _____
no more than 90 days after amendment file date)

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 1/19/20 _____

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)

Ramsay Macleod

Ramsay A. MacLeod
(Typed or printed name of person signing)

President

(Title of person signing)