## N130000 10120

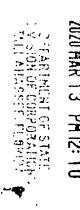
(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
,	
Certified Copies Certificates of Statu	ıs
	<u></u>
Special Instructions to Filing Officer:	
	1
	Ì

Office Use Only



800340484648

82/15/25--61917--618 ++85.60



MAR 1 8 2020 S. YOUNG



March 5, 2020

ROBERT BOCCABELLO 13123 E EMERALD COAST PKWY STE B #198 INLET BEACH, FL 32461

SUBJECT: PINEWOOD PRESERVE HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N13000010120

We have received your document for PINEWOOD PRESERVE 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):

A NEW REGISTERED AGENT MUST BE LISTED

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.

Shelia H Young Regulatory Specialist II

Letter Number: 020A00004862

<del>زن</del>ۍ

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <i>PINEW DOL</i>	PRESERVE IN	OMEOWNERS ASSOCIATION, INC.
DOCUMENT NUMBER:	20	e
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
ROBERT BOCCA	ABELLO	
	(Name of Contact Perso	n)
PINEWCOD PRES	ERVE HOMEOWNE	RS ASSOCIATION INC.
	(Firm/ Company)	
13123 F. EMERI	ALO COAST PKU	VY SUITE B #198
	(Address)	
INLET BEAC	H, FLORIDA .	3246 <i>i</i>
	(City/ State and Zip Cod	le)
Bobjean 27	12@ AOL.COM	
E-mail address: (to be use	d for future annual report	notification)
For further information concerning this matter, please	e call:	
ROBERT BUCCABELL	0 21	770 - 789 - 3260
(Name of Contact Person	1) at (A	770 - 789 - 3260 rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Dep	partment of State:
S35 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		Address
Amendment Section		dment Section on Officerations
Division of Corporations P.O. Box 6327		Centre of Tallahassee
Tallahassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

PINEWOOD PLESER VE HOMEOWNERS' ASS	OCIATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if k	лоwn)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not Fo</i> amendment(s) to its Articles of Incorporation:	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation" or "incorporated "Company" or "Co." may not be used in the name.	The new or the abbreviation "Corp." or "Inc."
	EMERALD COAST PKWY.
(b)	# 198
	EACH , FL. 32461
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  13123 E.	EMERALD COAST PKWY
Suite B,	EMERALD COAST PKWY #198
INLET E	BEACH FL 32461
D. If amending the registered agent and/or registered office address in Florida, new registered agent and/or the new registered office address:	enter the name of the
	BOCCABELLO
13/23 E.EME	RALD CONST PKW1.
New Registered Office Address: 5いできる。# 19	rida street address) ? <b>?</b>
INLET BEAC	74 Florida 32461 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	(zip c oae)
I hereby accept the appointment as registered agent. I am familiar with and accept to	he obligations of the position,
Ru+ Z	s-ill=
Signature of New Register	red Agent, if changing William 13
Page 1 of 4	HASSER

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: $\underline{X}$ Change $\underline{X}$ Remove $\underline{X}$ Add	$\overline{\underline{\mathbf{V}}}$ Mike	<u>1 Doe</u> e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove Change Add	$ \begin{array}{c c} \hline D_i P \\ \hline D_i V \\ \hline D_i V \end{array} $	ROBERT BOCCABELLO  PHILIP JONES  RICHARD SCHLUTER  LAURA PIZZARELLI  KRISTY SHEIDY	13123 E. EMERALD CEAST PRWY. SUITE B, # 198, INCHT BENCH, FL. 32 2441 US HIGHAY 98 W, SANIA ROSA BENCH, FL. 3.  13123 E. EMERALD CEAST PRWY. SUITE B, # 198, ENLET BENCH, FL. 3.
Remove 5) Change Add	<u>D, 57</u>	GINA WHISNANT	3017EB, #778, 11011 OCHUM, WO 2441 U.S. HWY 98W 3AUTA ROSA BEACH, FL 3245
Remove  6) Change Add Remove  E. If amending or add	ling additional /	Page 2 of 4 Articles, enter change(s) here:	
(attach additional sh	eets, if necessary		

<del></del>
·
Page 3 of 4
The date of each amendment(s) adoption:
Effective date if applicable:
thective date it 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.

ned	2-4-202	0		
nature	Rut	3-w	ll_	
(By the	ne chairman or vice cha not been selected, by a r court appointed fiduc	an incorporate	r – if in the hands of	
	ROBER	T 300	CABELLO	
_	(	Typed or prin	ted name of person s	igning)

(Title of person signing)

Page 4 of 4