## N 14015

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(City/State/Zip/F	Phone #)
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(Business Entity	v Name)
(Document Num	nber)
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February 19, 2018

JIM WHITEAKER 2383 TERENCE COURT CLEARWATER, FL 33759

SUBJECT: HONORABLE COUNTRYPARK HOMEOWNERS ASSOCIATION OF

PINELLAS COUNTY, INC.

Ref. Number: N14015

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

PAGE 4 OF 4, WHICH HAS BEEN ATTACHED MUST BE COMPLETED IN THE HIGHLIGHTED AREAS.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 418A00003478

note several corrections

727-409-0632

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

•	
NAME OF CORPORATION: HONDIABLE COUNTY FOMEOWNED ASSOCIATION  BOCUMENT NUMBER: N140 IX	OF PINELLOS
abunty, Inc. '	
DOCUMENT NUMBER: NIGO IX	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JIM WHITEAKEYL	
(Name of Contact Person)	<del></del>
(Firm/ Company)	
2383 TENENCE COURT (Address)	
(Address)	
21 AA 14 221 15 27 4 A	
CLENKWATOC FC 33759 (City/ State and Zip Code)	
(City/ State and Zip Code)	
VIAY CUIA A A A A MAA	
E-mail address: (to be used for future annual report notification)	<u> </u>
For further information concerning this matter, please call:	
1/404	
WILL SUTTON at 727 415.944  (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:	
Description Description at Description at Description in	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status	
(Additional copy is Certified Copy	
enclosed) (Additional Copy is	
Enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section	
Division of Compressions Division of Compressions	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

ONOUBLE COUNTY PAIR HOMEOWN C	IS ASSOCIATION OF PINE rrently filed with the Florida Dept. o	eus county _loc.	
<u>,                                      </u>	N14015		
(Document N	umber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Co	rporation adopts the following	
A. If amending name, enter the new name of the corpo	oration:		
N/A		The new	
name must be distinguishable and contain the word "cort" "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the ab	obreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u> </u>	- 3cs -	o n
		7,5 F	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>4/4</u>	<del>(1, −1,</del>	
	·	# 15 C	3
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	ice address:	name of the	
Name of New Registered Agent X MG	S JHU WHITEAKEK		
	COUNTRY PAUL 50		83 Terence
New Registered Office Address:	1	. 221//	Ct
Andrew State of the State of th	(City)	, Florida	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		tions of the position.	
	Q. M. 0-1	?	:
to the the stant was a	Signature of New Registered Agent	if changing aher	
Section of the Sectio	Page 1 of 4	:	
* A District Compared of			·.

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	PT         John F           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add <u>X</u> Remove	<u>7</u>	BUD PONDIEDN	2362 PARKSTREAM AVE CLENUMATER FL 33159
'2) Change Add Remove	_p	will m coamack	2377 TEPLENCE COURT CLEARWATON FL 33759
3) Change Add	<u> </u>	BELVICE TESSIER	2392 PARUSTROPHU AVE CLEANWATOC, FL 33759
4) Change Add <b>X</b> _ Remove		LOUISE ALLADO	2943 HILLCLUS CIRCLES.
5)X_ Change Add Remove	<u>P</u>	JAMES JHUWHNEAKER	2383 TERLACE CONOT CLEANWATER PL 33759
6) Change	1	KIRK SUTTON	CLEMINATOL PL 33759
Remove		D 2.54	

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.

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Example:  X Change X Remove X Add	<u>∨ Mik</u>	n <u>Doe</u> se Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	15	Don Ellis	2463 Bond Ave. Clearwater, FL 33759
2) Change Add	5	Sal Spinnichia	2381 Parkstream Ave. Clearunter, FL 33759
Remove 3)ChangeAdd			
Remove 4) Change Add		1 <u></u>	
Remove 5) Change Add			
Remove 6) Change			
Add Remove		Page 2017 (CONT	·'a)

ttach additional sheets, if necessary)	. (Be specific)	)		•		
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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. Signature

(By the hairman or vice chairman of the board, president or other officer-if directors

Tames Whiteaker
(Typed or printed name of person signing)

Hesident