

N15000003005

(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:

Office Use Only



800269594708

03/09/15--01041--013 **78.75

15 MAR 23 PM 4:23
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

W115-17349

umD 3/24

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Triple Creek Neighborhood Association, Incorporated

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Robert Allen
Name (Printed or typed)

12107 Streambed Dr.
Address

Riverview, FL 33579
City, State & Zip

813-956-6712
Daytime Telephone number

bobcat57@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2015

ROBERT ALLEN
12107 STREAMBED DR.
RIVERVIEW, FL 33579

SUBJECT: TRIPLE CREEK NEIGHBORHOOD ASSOCIATION
Ref. Number: W15000017349

We have received your document for TRIPLE CREEK NEIGHBORHOOD ASSOCIATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of 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) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 015A00004970

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Triple Creek Neighborhood Association, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

13117 Royal Pines Ave

Riverview, FL 33579

Mailing address, if different is:

MAR 23 PM 4:23
13117 ROYAL PINES AVE
RIVERVIEW FL 33579

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A. To enhance the livability of the neighborhood.

B. To establish and maintain an open line of communication with the Triple Creek Homeowners Association, Mattamy Homes and Rizzetta, Inc.

C. To provide an open process by which all members may involve themselves in the affairs of the neighborhood.

D. For such other lawful activities and objectives as are approved by the Board of Directors and membership.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

An election is held at the January meeting and ~~DIRECTORS~~ are elected by majority of votes cast by members present.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ilana Fink, President

Address: 13117 Royal Pines Ave
Riverview, FL 33579

Name and Title: Hope Paolotto, Secretary

Address: 12113 Streambed Dr.
Riverview, FL 33579

Name and Title: Michael Helton, V.P.

Address: 13411 Lake Monroe PL
Riverview, FL 33579

Name and Title: _____

Address: _____

Name and Title: Robert Allen, Treasurer

Address: 12107 Streambed Dr.
Riverview, FL 33579

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Robert Allen

Address: 12107 Streambed Dr.
Riverview, FL 33579

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Allen

Address: 12107 Streambed Dr
Riverview, FL 33579

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Robert Allen

Required Signature of Registered Agent

ROBERT ALLEN

MARCH 6, 2015

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robert Allen

Required Signature of Incorporator

ROBERT ALLEN

MARCH 6, 2015

Date

15 MAR 23 PM 4:23
MAR 23 2015
MAR 23 2015