

N15 000004300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

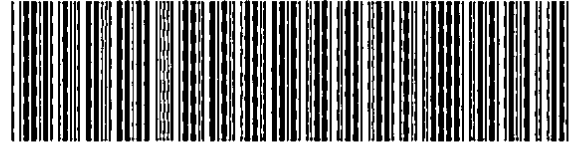
(Business Entity Name)

(Document Number)

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10/13/21--01014--001 **35.00

2021 OCT 13 PM 12:50
CLERK OF THE STATE
TALLAHASSEE, FL

A. Butk
10/25/21

Fieldstone Investment, LLC
P. O. Box 61
Gladstone, NJ 07934

September 29, 2021

State of Florida
Division of Corporation

Kristina Johnson [REDACTED]
Grass Pond Homeowners Association, Inc.
P. O. Box 12172
Tallahassee, FL 32317

Reference Document Number N15000004300

Dear Division of Corporations and Kristina,

We request that the State of Florida Division of Corporation change the filed information for Grass Pond Homeowners Association, Inc. to show the new and correct Principal Address and Mailing Address and Officer/Director detail.

The current information is no longer valid since we have sold all the lots and the Grass Pond Homeowners Association has formally met and selected new Board of Directors and conducted other business as required by the Declaration of Covenants, Conditions and Restrictions of Grass Pond.

The new information will be provided by Kristina Johnson. Please call if you have questions.

Thank you for your cooperation.

Best Regards,



Kenneth G. McDermott
850 778-7180

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GRASS POND HOMEOWNERS ASSOCIATION, INC

DOCUMENT NUMBER: N15000004300

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

Please return all correspondence concerning this matter to the following:

Kristina Johnson

(Name of Contact Person)

N/A

(Firm/ Company)

1264 Lovers Court

(Address)

Tallahassee, FL 32317

(City/ State and Zip Code)

kristinarosalie@gmail.com

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

For further information concerning this matter, please call:

Kristina Johnson

305 331-0153

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 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

FILED

Grass Pond Homeowners Association, Inc

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

2021 OCT 13 PM 12:51

N15000004300

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FL

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:

N/A *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**)

1264 Lovers Court

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

PO Box 12172

Tallahassee, FL 32317

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:

Kristina Johnson

1264 Lovers Court

(Florida street address)

New Registered Office Address:

Tallahassee

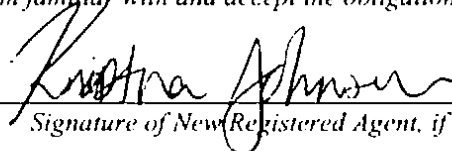
Florida FL

(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; 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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Chase Jones</u>	<u>PO Box 12172 Tallahassee, FL 32317</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Mike Phoenix</u>	<u>PO Box 12172 Tallahassee, FL 32317</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ST</u>	<u>Kristina Johnson</u>	<u>PO Box 12172 Tallahassee, FL 32317</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Danny Lipham</u>	<u>PO Box 12172 Tallahassee, FL 32317</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Mike Paluszek</u>	<u>PO Box 12172 Tallahassee, FL 32317</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Mitch Potter</u>	<u>PO Box 12172 Tallahassee, FL 32317</u>

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

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

N/A

The date of each amendment(s) adoption: 09/26/2021, if other than the date this document was signed.

Effective date if applicable: N/A
(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.

Dated 10/06/2021

Signature Kristina Johnson
(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)

Kristina Johnson
(Typed or printed name of person signing)

secretary/treasurer
(Title of person signing)