

N 150000006347

(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:

pg 4 blank

Office Use Only



900285686749

05/23/16--01003--021 **35.00

FILED
16 JUN -6 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amel

JUN 07 2016

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2016

SHARON LOMANNO
1596 OAK FOREST DR
THE VILLAGES, FL 32162

SUBJECT: VILLAGES BILLIARDS CLUB, INC.
Ref. Number: N15000006347

We have received your document for VILLAGES BILLIARDS CLUB, 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):

Page 4 is blank. Please complete page 4 and resubmit.

* *Page 4 has been corrected. Sorry!*

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.

*Sharon Lomanno
6/2/2016*

Rebekah White
Regulatory Specialist II

Letter Number: 916A00010974

RECEIVED
16 JUN -6 PM 2:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Villages Billiards Club, Inc

DOCUMENT NUMBER: N15000006347

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

Please return all correspondence concerning this matter to the following:

Sharon Lomanno, President

(Name of Contact Person)

Villages Billiards Club, Inc

(Firm/ Company)

1596 Oak Forest Drive

(Address)

The Villages, FL 32162

(City/ State and Zip Code)

rslomanno@embarqmail.com

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

For further information concerning this matter, please call:

Sharon Lomanno

352

259-4799

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:

☒ \$35 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

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

16 JUN -6 AM 9:04

Villages Billiards Club, Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

N15000006347

(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:

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)

1596 Oak Forest Drive

The Villages, FL 32162

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1596 Oak Forest Drive

The Villages, FL 32162

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:

Sharon Lomanno

1596 Oak Forest Drive

(Florida street address)

New Registered Office Address:

The Villages

(City)

Florida 32162

(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.

Sharon Lomanno

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	<u>P</u>	<u>Phillip T. De Angelo</u>	<u>899 Furman Loop</u>
<input type="checkbox"/> Add			<u>The Villages, FL 32162</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>V</u>	<u>Sharon Lomanno</u>	<u>899 Furman Loop</u>
<input type="checkbox"/> Add			<u>The Villages, FL 32162</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>P</u>	<u>Sharon Lomanno</u>	<u>1596 Oak Forest Drive</u>
<input checked="" type="checkbox"/> Add			<u>The Villages, FL 32162</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>V</u>	<u>Ed Mederois</u>	<u>1596 Oak Forest Drive</u>
<input checked="" type="checkbox"/> Add			<u>The Villages, FL</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>V</u>	<u>Larry Russo</u>	<u>899 Furman Loop</u>
<input type="checkbox"/> Add			<u>The Villages, FL 32162</u>
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>V</u>	<u>Diana Pantino</u>	<u>1596 Oak Forest Drive</u>
<input checked="" type="checkbox"/> Add			<u>The Villages, FL 32162</u>
<input type="checkbox"/> Remove			

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: N/A, 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 June 2, 2016

Signature Sharon Lomanno
(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)

Sharon Lomanno
(Typed or printed name of person signing)

President
(Title of person signing)