N10000008078

| (Dawned Name) |
|---|
| (Requestor's Name) |
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| (Oity/State/Zip/Fitotie #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |



300379251353

amend

01/10/22--01015--007 **35.00



Office Use Only

A. RAMSEY MAR 22 2022

× 00789, 01169, 00707, 00671

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: Crescent Lake Tov | vnhomes Homeowner's Ass | ociation |
|-----------------------------|---|--|--|
| DOCUMENT NUME | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | spondence concerning this ma | atter to the following: | |
| | Ken Wrede | | |
| | | Name of Contact Person | n |
| | Crescent Lake Townhomes F | Iomeowner's Association | |
| | | Firm/ Company | |
| | 1859 5th St N | | |
| | | Address | |
| | St Petersburg, FL, 33704 | | |
| | | City/ State and Zip Cod | e |
| kww | rede@gmail.com | | |
| | E-mail address: | to be used for future annua | l report notification) |
| For further information | n concerning this matter, plea | se call: | |
| Ken Wrede | | at (²⁰² | 386-2516 |
| Name o | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | r the following amount made | payable to the Florida Depa | artment of State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$♥ .50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Adda Amendment S | | Street Address: Amend | Iment Section |

Amendment Section
Division of Corporations
P.O. Box 632 7
Tallahassee, FL32 314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2 415N. Monroe Street, Suite 810
Tallahassee, F L 32 303

RECEIVED

Due March 28

FLORIDA DEPARTMENT OF STATE 2022 MAR 21 AM 11: 43 Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FL

January 28, 2022

KEN WREDE CRESCENT LAKE TOWNHOMES HOMEOWNER'S 1859 5TH ST N ST. PETERSBURG, FL 33704 US

SUBJECT: CRESCENT LAKE TOWNHOMES HOMEOWNER'S ASSOCIATION,

INC.

Ref. Number: N15000008078

We have received your document for CRESCENT LAKE TOWNHOMES HOMEOWNER'S 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6823.

Annette Ramsey OPS

Letter Number: 122A00002289

Articles of Amendment to Articles of Incorporation of

| (Document | Number of Corporation (if kno | wn) |
|---|---|---|
| ursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation: | Statutes, this Florida Not For | Profit Corporation adopts the following |
| . If amending name, enter the new name of the co | rporation: | 202 Hangu |
| ime must be distinguishable and contain the word "c Company" or "Co." may not be used in the name. | orporation" or "incorporated" | or the abbreviation "Corp." or the |
| Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD | | 7191 4 |
| <u>-</u> | | <u> </u> |
| . Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u> | <u>v</u>) | |
| If amending the registered agent and/or register new registered agent and/or the new registered | red office address in Florida, e office address: | nter the name of the |
| Name of New Registered Agent: | | |
| | (Flor | ida street address) |
| New Registered Office Address: | | |
| New Registered Office Address: | (City) | Florida (Zip Code) |

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: X Change X Remove X Add | V Mike | Doe 2 Jones 2 Smith | |
|-----------------------------------|------------|---|--|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1)Change Add | | henneth McKenzie | 1839 5m 6+ N 5+ Peterstung, FL 33704 |
| Remove 2) Change Add | <u>~</u> ; | Nistable Teath | Str Retrosslang Files Str |
| Rumove 3) Change Add Rentove | 34 | Blooge Alvegra | Type - Con Strain Strai |
| 4)ChangeAdd | _\ | Jeffray Etithura | 1835 579 5+ N St Pekrsbirg, FL 35724 |
| Remove 5) Change Add Remove | V/Tr | Irene Parietti | 1867 5th St N St Peters burg, FL 5570 |
| 6) Change Add | | | |
| E. If amending or add | | Articles, enter change(s) here: -). (Be specific) | |
| | | | |
| | | | |

| | • | |
|--|--|-------------------|
| · | | |
| <u> </u> | | |
| | | |
| | | |
| | | |
| | | |
| | | _ |
| | | |
| | | |
| | | |
| | | |
| | | _ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | _ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| The date of such amandment(e) adopti | on: | if other than the |
| date this document was signed. | ou | |
| Effective date if applicable: | | |
| Since in application. | (no more than 90 days after amendment file date) | |
| | | 1 11 . 1 . 3 |
| Note: If the date inserted in this block do document's effective date on the Department. | ses not meet the applicable statutory filing requirements, this date will not ment of State's records. | he listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| E | · | |

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

| Date | 18 March 2022 |
|-------|--|
| | 12/2/2/1 |
| Signa | (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) |
| | KENNETH W. WREDE JA (Typed or printed name of person signing) |

.