

N1500000 8234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 09 11 1:00

September 11, 2020

WILLIAM M. THORNHILL
2220 LAKE SYLVAN OAKS CT.
SANFORD, FL 32771

SUBJECT: LAKE SYLVAN OAKS HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N15000008834

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 document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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: 220A00017313

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LAKE SYLVAN OAKS HOMEOWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: N185000008834

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

Please return all correspondence concerning this matter to the following:

WILLIAM M. THORNHILL

(Name of Contact Person)

LAKE SYLVAN OAKS HOMEOWNERS ASSOCIATION, INC.

(Firm/ Company)

2214 LAKE SYLVAN OAKS COURT

(Address)

SANFORD, FLORIDA 32771

(City/ State and Zip Code)

wilthornhill189@gmail.com

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

For further information concerning this matter, please call:

WILLIAM M. THORNHILL

(Name of Contact Person)

at (941)

(Area Code)

374-9068

(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

LAKE SYLVAN OAKS HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N 15000008834
(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:

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)

2214 LAKE SYLVAN OAKS COURT
SANFORD, FL 32771

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

SAME

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:

WILLIAM M. THORNHILL

New Registered Office Address:

2220 LAKE SYLVAN OAKS COURT
(Florida street address)

SANFORD

(City)

Florida 32771
(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.

William M. Thornhill

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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|------------|-----------------------------|--|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>PD</u> | <u>JOSEPH E. SCHWARTZ</u> | <u>3528 LEGACY HILLS COURT</u>
<u>LONGWOOD, FL 32779</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>PDS</u> | <u>WILLIAM M. THORNHILL</u> | <u>2220 LAKE SYLVAN OAKS COURT</u>
<u>SANFORD, FL 32771</u> |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>VTD</u> | <u>WINSTON SCHARTZ</u> | <u>3528 LEGACY HILLS COURT</u>
<u>LONGWOOD, FL 32779</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>VD</u> | <u>DYLAN OGLINE</u> | <u>2205 LAKE SYLVAN OAKS COURT</u>
<u>SANFORD, FL 32771</u> |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>SD</u> | <u>LINDSAY SCHWARTZ</u> | <u>3528 LEGACY HILLS COURT</u>
<u>LONGWOOD, FL 32779</u> |
| 6) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>TD</u> | <u>MICHAEL S. KOZEL</u> | <u>2201 LAKE SYLVAN OAKS COURT</u>
<u>SANFORD, FL 32771</u> |

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

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

Lined area for text entry.

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

Effective date if applicable: JULY 9, 2020
(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 JULY 9, 2020

Signature William M. Thornhill
(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)

WILLIAM M. THORNHILL
(Typed or printed name of person signing)

DIRECTOR, PRESIDENT & SECRETARY
(Title of person signing)