

N15000011773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

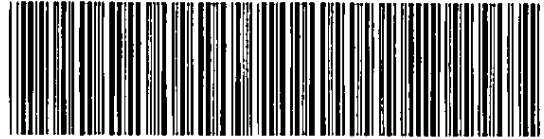
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100320979651

11/19/18--01025--004 **35.00

2018 DEC -5 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 06 2018
C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CAMBRIA HOMEOWNERS ASSOCIATION, INC

DOCUMENT NUMBER: N15000011773

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

Please return all correspondence concerning this matter to the following:

THERESA BPNZELLA

(Name of Contact Person)

MASTERMIND ASSOCIATION MANAGEMENT, LLC

(Firm/ Company)

5337 N. SOCRUM LOOP ROAD

(Address)

LAKELAND, FL 33809

(City/ State and Zip Code)

Bonz001@icloud.com

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

For further information concerning this matter, please call:

THERESA BONZELLA

863

868-7582

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2010 DEC -5 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

CAMBRIA HOMEOWNERS' ASSOCIATION, INC

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

N15000011773

(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)

5127 SPANISH OAKS DRIVE

LAKELAND, FL 33805

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5337 N. SOCRUM LOOP ROAD

SUITE 449

LAKELAND, FL 33809

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:

THERESA BONZELLA

5127 SPANISH OAKS DRIVE

(Florida street address)

New Registered Office Address:

LAKELAND

(City)

Florida 33805

(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

2018 DEC -5 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>JEAN MARSAN</u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>S</u>	<u>TULA HAFF</u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input checked="" type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>P</u>	<u>RONALD TILLEY</u>	<u>135 CAMBRIA GROVE CIRCLE</u>
<input checked="" type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u>DAVENPORT, FL 33837</u>
4) <input type="checkbox"/> Change	<u>V</u>	<u>ROBB KENYON</u>	<u>178 CAMBRIA GROVE CIRCLE</u>
<input checked="" type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u>DAVENPORT, FL 33837</u>
5) <input type="checkbox"/> Change	<u>ST</u>	<u>CYNTHIA VALLE-PACHECO</u>	<u>106 CAMBRIA GROVE CIRCLE</u>
<input checked="" type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u>DAVENPORT, FL 33837</u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

[illegible]

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

Effective date if applicable: _____
(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 11/29/2019

Signature [Handwritten Signature]

(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)

RONALD TILLEY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)