Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

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Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Seaside Landings Homeowners Association, Inc.

Certificate of Status	0
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Page Count	04
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Help

7/15/2016 9:38:37 AN From: To: 8506176381(2/4)

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32314							
SUBJECT: Senside Landings Homeowners Association, Inc (PROPOSED CORPORATE NAME – MUST INCLUDE)							
Enclosed is an original a	nd one (1) copy of the Artic						
\$70.00	□ \$78. 75	□\$7 8.75	□ \$87.50				
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,				
rung rec	Certificate of	& Certified Copy					
	Status	at commed copy	& Certificate				
	,	ADDITIONAL COPY REQUIRE					
Seaside Landings Homeowners Association, Inc							
, nom	Name	(Printed or typed)	• ,				
·	Address						
	City, State & Zip						
239-963-9783							
Daytime Telephone number							
	djinkens@pattenco.com						
E-mail address: (to be used for future annual report notification)							

NOTE: Please provide the original and one copy of the articles.

7/15/2016 9:38:37 AM From: To: 8506176381(3/4)

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

RTICLE I	PRINCIPAL OFFICE				
27!	Principal <u>street</u> address: 99 John Anderson Hwy	183	Mailing address, if different Water St	is:	
Fig	gler Beach, FL 32136	Wit	liamstown, MA 01267		
I <i>RTICLE I</i> The purpose	II PURPOSE for which the corporation is organized i		ciation		
1					
RTICLE	V MANNER OF ELECTION The	manner in which the dis-	ctors are elected and appointed.	er Bylaws	
RTICLE	V MANNER OF ELECTION The	manner in which the dire	ctors are elected and appointed;	er Bylaws	
	V MANNER OF ELECTION The		ctors are elected and appointed:	er Bylows	
RTICLE)	/ INITIAL OFFICERS AND/OR DI		for Riley Vice President	er Bylaws	
RTICLE	/ INITIAL OFFICERS AND/OR DI	RECTORS Name and Title	for Riley Vice President	er Bylaws	
RTICLE	INITIAL OFFICERS AND/OR DI	RECTORS	Jon Riley, Vice President	er Bylaws	
RTICLE	ille: John Patten, President	RECTORS Name and Title	Jon Riley, Vice President	er Bylaws	
arne and T	itle: John Patten, President 1100 5th Ave. S Suite 404 Naples, FL 34102	RECTORS Name and Title Address:	Jon Riley, Vice President 1100 5th Ave S Suite 404 Naples, FL 34102 Bob Home, Secretary	er Bylows	16
ame and T	itle: John Patten, President 1100 5th Ave. S Suite 404 Naples, FL 34102	Name and Title Address: Name and Title	Jon Riley, Vice President 1100 5th Ave S Suite 404 Naples, FL 34102 Bob Home, Secretary	er Bylaws	16 JU
ame and T	itle: John Patten, President 1100 5th Ave. S Suite 404 Naples, FL 34102 itle: Denise Jinkens, Treasurer	RECTORS Name and Title Address:	Jon Riley, Vice President 1100 5th Ave S Suite 404 Naples, FL 34102 Bob Horne, Secretary	er Bylaws	
ame and T	itle: John Patten, President 1100 5th Ave. S Suite 404 Naples, FL 34102 itle: Denise Jinkens, Treasurer 1100 5th Ave. S	Name and Title Address: Name and Title	Jon Riley, Vice President 1100 5th Ave S Sulte 404 Naples, FL 34102 Bob Horne, Secretary 1100 5th Ave. S		型15
RTICLE lame and T ddress	itle: John Patten, President 1100 5th Ave. S Suite 404 Naples, FL 34102 itle: Denise Jinkens, Treasurer 1100 5th Ave. S Suite 404	Name and Title Address: Name and Title	Jon Riley, Vice President 1100 5th Ave S Suite 404 Naples, FL 34102 Bob Horne, Secretary 1100 5th Ave. S Suite 404 Naples, FL 34102		

7/15/2016 9:38:37 AM From: To: 8506176381(4/4)

Name and Title:		Name and Title:	
Address		Address:	
Name and Title:	n	Name and Title:	
Address		Address:	
		<u> — </u>	
	EGISTERED AGENT	akla) aCtho assistant assat is	
	ida street address (P.O. Box NOT accepta CT Corporation System	able) of the registered agent is:	
Name:	1200 South Pine Island Road		
Address:	Plantation, Florida 33324		
			
ARTICLE VII II	VCORPORATOR ress of the Incorporator is:		
	Denise Jinkens		
Name;	1100 5th Ave S Suite 404		
Address:	Naples, FL 33916		
•			N.
Effective date, if ot	FFECTIVE DATE: 07/14/2016 her than the date of filing:	(OPTIONAL)	
(If an effective dat after the filing.)	e is listed, the date must be specific and	enunot be more than five business days p	rior or 90 business days
	serted in this block does not meet the apple date on the Department of State's record	olicable statutory filing requirements, this date ds.	e will not be listed as the
Having been name	d as registered agent to accept service of	f process for the above stated corporation a	t the place designated in this
	CTC	registered agent und agree to act in this capa	-
Ву:	Required Signature of Registered A	April Wittenwyler, Ast. Secretary	07/14/2016 Date
I submit this decun	_	rgern n are true. I am aware that any false informa	
to the Department	State constitutes a third degree felony as	s provided for in s.817.155, F.S.	
	W Jely		7-14-16
V	Required Signature of Incorpo	orator	Date