

N1600000 9020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

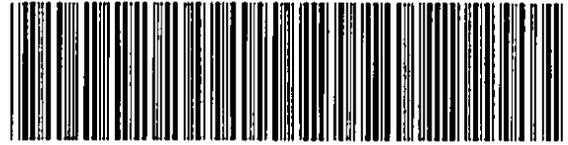
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RECEIVED
SECRETARY OF STATE
CORPORATIONS
2019 MAR 13 AM 11:18
L 87

Amend

MAR 23 2020

D CUSHING

COVER LETTER

TO: Amendment Section
4 Division of Corporations

NAME OF CORPORATION: Wisteria Beach Homeowners' Association, Inc.

DOCUMENT NUMBER: N1600009020

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

Please return all correspondence concerning this matter to the following:

Frances Casey Lowe

(Name of Contact Person)

Frances Casey Lowe, P.A.

(Firm/ Company)

68-A Feli Way

(Address)

Crawfordville, Florida 32327

(City/ State and Zip Code)

francie@francelowe.com

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

For further information concerning this matter, please call:

Michelle Maloni

850 926-8245

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 APR 3 AM 11:18
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Frances Casey Lowe, P.A.

March 11, 2020

Florida Department of State
Attn: Diane Cushing
P.O. Box 6327
Tallahassee, FL 32314

Re: Wisteria Beach Homeowners' Association, Inc.

Dear Ms. Cushing:

Please find enclosed your letter dated February 12, 2020. You did not return my Articles of Amendment regarding the above-referenced entity; I hope that you have it.

If you do not, please contact me otherwise, please file same as the reinstatement has been taken care of.

Sincerely,

Michelle Maloni, Paralegal to
Frances C. Lowe

/mm
Enclosure(s)

20 MAR 13 AM 11:19
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2020

FRANCES CASEY LOWE
FRANCES CASEY LOWE, P.A.
68-A FELI WAY
CRAWFORDVILLE, FL 32327

SUBJECT: WISTERIA BEACH HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N16000009020

We have received your document for WISTERIA BEACH HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

In order to file your document, the subject entity must first be reinstated.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 820A00003163

2020 FEB 13 PM 3:35

Articles of Amendment
to
Articles of Incorporation
of

Wisteria Beach Homeowners' Association, Inc.

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

N16000009020

(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**)*

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

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: _____

(Florida street address)

New Registered Office Address: _____

_____, Florida _____
(City) (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

20 APR 13 11:19 AM
DEPT. OF STATE
CORPORATION

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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Brad Berman</u>	<u>91 W. Wieuca Road NE</u> <u>Atlanta, GA 30342</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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

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

- 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 1/6/2020

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)

Brad Berman

(Typed or printed name of person signing)

Director

(Title of person signing)