

N16 000010732

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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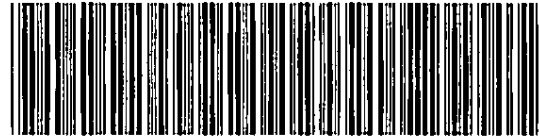
Special Instructions to Filing Office

J. HORNE

AUG - 3 2022

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07/29/22 10:11 AM 10/27/22

12/5 SECRETARY OF STATE
TALLAHASSEE, FL 32310

2022 JUL 29 AM 8:27

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUL 29 AM 7:55

TALLAHASSEE

July 11, 2022

JULIE SPENCER
321 OAKWOOD TRAIL
FAIRVIEW, TX 75069 US

SUBJECT: THE RESERVE AT SOMBRERO BEACH PROPERTY OWNERS
ASSOCIATION, INC.
Ref. Number: N16000010732

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 is illegible and not acceptable for imaging.

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 322A00015429

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Reserve at Sombrero Beach Property
owners association Inc

DOCUMENT NUMBER: N16000010732

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

Please return all correspondence concerning this matter to the following:

Julie Spencer
(Name of Contact Person)

(Firm/ Company)

321 Oakwood Trail
(Address)

Fairview, TX 75069
(City/ State and Zip Code)

Julie Spencer14@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Spencer at 972-742-8509
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2022 JUL 29 AM 8:27

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

N160000101300

The Reserve at Sombreno Beach Property Owners Association, Inc.
(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)

449 Sombreno Beach Rd
Marathon, FL 33050

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

321 Oakwood Trail
Fairview, TX 75069

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:

(City)

Florida

(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

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 | PT | John Doe |
| <input checked="" type="checkbox"/> Remove | V | Mike Jones |
| <input checked="" type="checkbox"/> Add | SV | Sally Smith |

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|------|------------------|--|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | DIP | Michael D Aranda | 1222 SE 47th St #330 Cape Coral, FL 33904 |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | D/VP | Tonya Aranda | 1222 SE 47th St #330 Cape Coral, FL 33904 |
| 3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | P/S | Julie Spencer | 321 Oakwood Trail Fairview, TX 75069 |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | VP | Keith Nixon | 2000 West Lk Hamilton Dr Winter Haven, FL 33881 |
| 5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | T | Laurence Rouse | 770 Three Leagues Rd Mt Greysville, VA 22840 |
| 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 7/20/22

Signature Julie Spencer
(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)

Julie Spencer
(Typed or printed name of person signing)

President
(Title of person signing)