

N170000002024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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*Amend*

12/21/21--01506--001 \$35.00

2022 FEB -8 PM 12 19  
FEB 08 2022

FILED

A. RAMSEY  
FEB 08 2022

X00789 01169 00707 00171



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 FEB -4 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FL

January 18, 2022

MARCI CHARLAND  
PHYSICIAN FACILITATOR  
2338 IMMOKALEE ROAD #203  
NAPLES, FL 34110 US

SUBJECT: SARDINIA HOMEOWNERS' ASSOCIATION, INC.  
Ref. Number: N17000002024

We have received your document for SARDINIA HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6823.

Annette Ramsey  
OPS

Letter Number: 622A00001320

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SARDINIA HOMEOWNERS' ASSOCIATION, INC.

DOCUMENT NUMBER: N17000602024

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

Please return all correspondence concerning this matter to the following:

MARCI CHARLAND

(Name of Contact Person)

PHYSICIAN FACILITATOR SERVICES

(Firm/ Company)

2338 IMMOKALEE RD. SUITE 203

(Address)

NAPLES, FL 34110

(City/ State and Zip Code)

marci@mdfacilitator.com

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

For further information concerning this matter, please call:

MARCI CHARLAND

(Name of Contact Person)

at 239 919 4342

(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)

payment on file,  
previously sent

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

SARDINIA HOMEOWNERS' ASSOCIATION INC. 2022 FEB -8 PM 12 19  
(Name of Corporation as currently filed with the Florida Dept. of State)

N17000002024  
(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)

2338 Immokalee Road  
Suite 203  
Naples, FL 34110

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

2338 Immokalee Road  
Suite 203  
Naples, FL 34110

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: MARCI CHARLAND  
2338 IMMOKALEE ROAD, SUITE 203  
(Florida street address)

New Registered Office Address:  
NAPLES, Florida 34110  
(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]  
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>D/P</u>	<u>RICH POMEROY</u>	<u>10801 CORKScrew RD.</u> <u>STE. 305</u> <u>ESTERO, FL 33928</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D/VP</u>	<u>LORI SHARD</u>	<u>1801 CORKScrew RD.</u> <u>STE. 305</u> <u>ESTERO, FL 33928</u>
3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S/T</u>	<u>HEATHER CHAPMAN</u>	<u>1801 CORKScrew RD.</u> <u>STE. 305</u> <u>ESTERO, FL 33928</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D/P</u>	<u>DEBRA FREEMAN</u>	<u>2575 Northbrooke Plaza Dr.</u> <u>Suite 207</u> <u>Naples, FL 34119</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D/VP</u>	<u>PAULA TICHENOR - WHEELER</u>	<u>2575 Northbrooke Plaza Dr.</u> <u>Suite 207</u> <u>Naples, FL 34119</u>
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)

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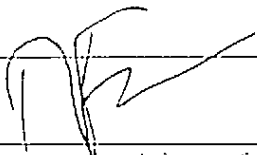
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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 02/08 2022

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)

DEBRA FREEMAN

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)