## N17000006690

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
(Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
(Document Number)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
Incarect Ferry





700431127087

06/06/24--01020--010 \*\*35.00

7.... -1 :... c: 18

7773

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Bull Run N	Master Residential Association,	Inc.
DOCUMENT NUMBER: N17000006690		
The enclosed Articles of Amendment and fe	ee are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Phillip J. Ross		
	Name of Contact Pe	erson
N/A		
	Firm/ Company	•
2724 Breton Ridge D	Drive	
	Address	
Tallahassee, FL 323	12	
	City/ State and Zip (	Code
bullrun1pres@gmail.	.com	
E-mail address:	(to be used for future annual re	port notification)
For further information concerning this matt	ter, please call:	
Phillip J. Ross	at t 850	227-8338
Name of Contact Person		Code & Daytime Telephone Number
Enclosed is a check for the following amour	nt made payable to the Florida I	Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of \$		Certificate of Status
Mailing Address		reet Address
Amendment Section		nendment Section
Division of Corporations		vision of Corporations e Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314		15 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Bull Run Master Residence Association, Inc.			• • •
Name of Corporation as currently filed with th	e Flo <u>ri</u> da E	Dept. of State)	220.
N17000006690			21.
(Docum	nent Numbe	er of Corporation (if known)	<u></u>
ursuant to the provisions of section 617,1006. Flomendment(s) to its Articles of Incorporation:	rida Statute	es, this Florida Not For Profit	Corporation adopts the following
. If amending name, enter the new name of th	e corporați	ion:	
N/A			The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the nam		tion" or "incorporated" or the	abbreviation "Corp." or "Inc."
Enter new principal office address, if applica	thle:	2724 Breton Ridge Drive	
Principal office address <u>MUST BE A STREET A</u>	(DDRESS	Tallahassee, FL 32312	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	2724 Breton Ridge Drive	
		Tallahassee, FL 32312	
			<del>_</del>
		<u></u>	
<ol> <li>If amending the registered agent and/or registered agent and/or the new register</li> </ol>			he name of the
	Phillip J. I		
Name of New Registered Agent:			
	2724 Brei	on Ridge Drive (Florida stre	at addrawe)
New Registered Office Address	:	(Piorum sire	es true essy
	Tallhassee	2	Florida
	_	(City)	(Zip Code)
lew Registered Agent's Signature, if changing learning the hereby accept the appointment as registered ager			gations of the position.
-	Si	gnoture of New Registered Ag	ent, 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: X Change	<u>PT</u>	John Doe	
	<del></del>		
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Titte</u>	<u>Name</u>	<u>Address</u>
1) Change	P	Byron B, Block	1415 East Piedmont Dr. Suite 3
Add			Tallahassee, FL 32308
X <sup>I</sup> Remove			
2) Change	VT	Byron B. Block	1415 East Piedmont Dr. Suite 3
Add			Tallahassee, FL 32308
X Remove 3.) Change	s	Elaine Hebenthal	1415 East Piedmont Dr. Suite 3
Add			Tallahassee, FL 32308
X Remove			
4) Change	P	Phillip J. Ross	2724 Breton Ridge Drive
X Add			Tallahassee, FL 32312
Remove			·
5) Change	<u>s</u>	Charles Chervanik	2518 Manassas Way
X Add			Tallahassee, FL 32312
Remove			
6) Change	T	Christopher Goodman	2573 Ulysses Road
X Add			Tallahassee, FL 32312
Remove			

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:  X Change X Remove X Add	PT         John De           V         Mike Je           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	V	Brian Wheeler	5698 Burnside Circle Tallahassee, FL 32312
2) Change Add	<u>D</u>	Lyn Tryon	5863 Dahlgren Trail Tallahassee, FL 32312
Remove	<u>D</u>	Carlene Barrett	5781 Farnsworth Drive Tallahassee, FL 32312
4) Change Add			
Remove  5) Change Add			
Remove 6) Change Add	<del></del>		
E. If amending or adding (attach additional sheet)  Continued on	is, if necessary).	icles, enter change(s) here: (Be specific)	
	<del></del>		

1. To manage operating costs of the	association
2. to manage the maintenance of re	al property not located within the boundaries of the six (6) Bull Run Homeowner
Association's (HOAs) common are	is
a, a sign at the intersection of Th	omasville Road and Kerry Forest Parkway
b. a monument on Kerry Forest	Parkway near Walmart (the pergola)
c. a monument on the roundabo	nt on Chancellorsville Drive (the pergola)
3. to coordinate compliance to Cov	enants, Conditions, and Restrictions among the six (6) Bull Run HOAs
4, to address resident and Board of	Director concerns relevant to neighboring development projects, traffic issues,
cleanliness of roadways and nearby	shopping centers, etc.
	. N/A
The date of each amendment(s) a date this document was signed.	doption:, if other the
Effective date <u>if applicable</u> : 23 h	Aay 2024  (no more than 90 days after amendment file date)
<u>Note:</u> If the date inserted in this bl- document's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.

• •

	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were coard of directors.
Dated	23 May 2024
Signatu	(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)
	Phillip J. Ross
	(Typed or printed name of person signing)
	President, Bull Run Master Residence Association
	(Title of person signing)

٠.



June 20, 2024

PHILLIPS J. ROSS 2724 BRETON RIDGE DRIVE TALLAHASSEE, FL 32312

SUBJECT: BULL RUN MASTER RESIDENTIAL ASSOCIATION, INC.

Ref. Number: N17000006690

We have received your document for BULL RUN MASTER RESIDENTIAL 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 form you submitted is for a FLROIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT. Please complete and return the enclosed blank form(s).

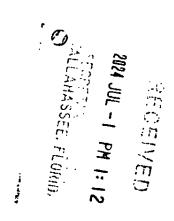
We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 124A00013454





June 20, 2024

PHILLIPS J. ROSS 2724 BRETON RIDGE DRIVE TALLAHASSEE, FL 32312

SUBJECT: BULL RUN MASTER RESIDENTIAL ASSOCIATION, INC.

Ref. Number: N17000006690

We have received your document for BULL RUN MASTER RESIDENTIAL 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 form you submitted is for a FLROIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT. Please complete and return the enclosed blank form(s).

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) 245-6050.

Letter Number: 124A00013454

Anissa Butler Regulatory Specialist II