

N18000007025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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08/20/21--01008--005 **43.75

Amend

CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

2021 SEP 13 AM 9:07

FILED

SEP 2 7 2021

A RAMSEY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP 13 PM 12:40

August 28, 2021

STEVE ROBERTS
17716 ROYAL EAGLE LANE
LUTZ, FL 33549 US

SUBJECT: LIBERTY OAKS PROPERTY OWNERS' ASSOCIATION, INC.
Ref. Number: N18000007025

We have received your document for LIBERTY OAKS PROPERTY OWNERS' ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ You must select only box. Please make the needed correction(s) and choose the corresponding box that applies to your entity.

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) 245-6052.

Jalesa S Dennis
Regulatory Specialist II

Letter Number: 621A00020808

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Liberty Oaks Property Owner's Association, Inc.

DOCUMENT NUMBER: N18000007025

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

Please return all correspondence concerning this matter to the following:

Steve Roberts

(Name of Contact Person)

Liberty Oaks Property Owner's Association, Inc.

(Firm/ Company)

17716 Royal Eagle Lane

(Address)

Lutz, Florida 33549

(City/ State and Zip Code)

hoalibertyoaks@gmail.com

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

For further information concerning this matter, please call:

Steve Roberts

813

376-4821

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

Articles of Amendment
to
Articles of Incorporation
of

Liberty Oaks Property Owner's Association, Inc.

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

(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)

17716 Royal Eagle Lane

Lutz, Florida 33549

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17716 Royal Eagle Lane

Lutz, Florida 33549

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:

Steve Roberts

17716 Royal Eagle Lane

(Florida street address)

New Registered Office Address:

Lutz

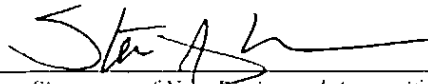
(City)

Florida 33549

(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	<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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Presiden</u>	<u>Sean Harshaw</u>	<u>17719 Roval Eagle Lane</u> <u>Lutz, FL 33549</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Secretar</u>	<u>Manjit Singh</u>	<u>17727 Roval Eagle Lane</u> <u>Lutz, FL 33549</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Treasure</u>	<u>Steve Roberts</u>	<u>17716 Roval Eagle Lane</u> <u>Lutz, FL 33549</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DP</u>	<u>S. S. Sierra, Jr</u>	<u>509 Guisando De Avila #200</u> <u>Tampa, FL 33613</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DT</u>	<u>G. R. Geier</u>	<u>509 Guisando De Avila #200</u> <u>Tampa, FL 33613</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DS</u>	<u>M. Coker</u>	<u>509 Guisando De Avila #200</u> <u>Tampa, FL 33613</u>

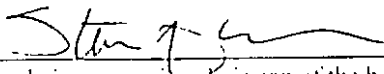
F. If amending or adding additional Articles, enter change(s) here:

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

☐ 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 16-Aug-2021

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)

Steve A. Roberts
(Typed or printed name of person signing)

Treasurer
(Title of person signing)