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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

Calusa Creek of Hillsbougough Home NAME OF CORPORATION:	owners Association Inc.
N19000011210 DOCUMENT NUMBER:	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	<u>z</u> :
Robert J Appleyard	
(Name of Contac	t Person)
Transcend Development Corp	
(Firm/ Comp	pany)
3658 Erindale Drive	
(Address	3)
Valrico, Florida 33596	
(City/ State and 7	Zip Code)
bappleyard@sunrisehomescorp.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please call:	
Robert Appleyard	813 309-7697
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flori	ida Department of State:
■ \$35 Filing Fee  Certificate of Status  Certified Copy (Additional co- enclosed)	Certificate of Status

**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

Calusa Creek of Hillsbourough Homeowners Association Inc.

2019 DED - 2 AM 9: 47

(Name of Corporation as currently filed with the Flo	orida Dept, of State)
N19000011210	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:
Calusa Creek of Hillsborough Homeowners Association	1 NC NEW
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>v</u> )
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office address in Florida, enter the name of the office address:
_	(Florida street address)
New Registered Office Address:	trioriau sirvei duuressy
	Florida
<del></del>	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.	istered 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: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove	<u> </u>		
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove		Page 2 of 4	
E. If amending or additional she	reis, if nec	onal Articles, enter change(s) here: essary). (Be specific)	
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		•	age 5 01 4			
						if other than the
The date of each amendment	(s) adoption:			-		
date this document was signed						
Effective date if applicable:	11/25/2019					
Miceria date il applicable.		nore than 90 day	s after amendm	ent file date)		
Note: If the date inserted in the document's effective date on t	iis block does no he Department o	t meet the applic f State's records.	able statutory fil	ling requirements.	, this date will not	be listed as the
Adoption of Amendment(s)	( <u>C</u> )	HECK ONE)				
The amendment(s) was/w was/were sufficient for ap	rere adopted by topproval.	he members and	the number of v	otes cast for the a	nmendment(s)	

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 11/25/2019
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)
Robert J Appleyard
(Typed or printed name of person signing)
President

(Title of person signing)