

N20 000001090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

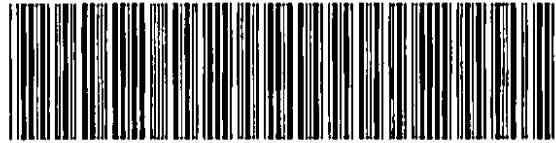
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/22/20--01015--004 \*\*35.00

2020 OCT 4 PM 12:54

Amend

OCT 4 2020

ALBRIGHTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Lake Gleason Reserve Homeowners Association Inc.

DOCUMENT NUMBER: N20000001090

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

Please return all correspondence concerning this matter to the following:

Kriston Nottingham  
(Name of Contact Person)

Access Management  
(Firm/ Company)

215 Celebration Place Suite 115  
(Address)

Celebration, FL 34747  
(City/ State and Zip Code)

lakegleasonreserve@accessdifference.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kriston Nottingham at 407-480-4200  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2020

KRISTON NOTTINGHAM  
215 CELEBRATION PLACE  
STE. 115  
CELEBRATION, FL 34747

SUBJECT: LAKE GLEASON RESERVE HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N20000001090

We have received your document for LAKE GLEASON RESERVE 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 current name of the entity is as referenced above. Please correct your document accordingly.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 520A00018328

Articles of Amendment  
to  
Articles of Incorporation  
of

Lake Gleason Reserve Homeowners Association, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N20000001090

(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**)

215 Celebration Place Suite 115  
Celebration, FL 34747

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

215 Celebration Place Suite 115  
Celebration, FL 34747

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:

Access Management  
215 Celebration Place Suite 115

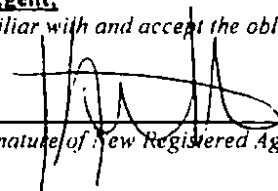
(Florida street address)

New Registered Office Address:

Celebration, Florida 34747  
(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 of New Registered Agent, if changing

2009-07-17 11:05 AM

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 checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | <u>D</u>          | <u>Melissa Dotson</u>                     | <u>215 Celebration Pl. Ste 115</u><br><u>Celebration, FL 34747</u>                     |
| 2) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | <u>D</u>          | <u>Mike Hodgkins</u>                      | <u>215 Celebration Pl. Ste 115</u><br><u>Celebration, FL 34747</u>                     |
| 3) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove     | <u>D</u>          | <u>Anthony Benitez</u>                    | <u>215 Celebration Pl. Ste 115</u><br><u>Celebration, FL 34747</u>                     |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove            | <u>          </u> | <u>                                  </u> | <u>                                  </u><br><u>                                  </u> |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove            | <u>          </u> | <u>                                  </u> | <u>                                  </u><br><u>                                  </u> |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove            | <u>          </u> | <u>                                  </u> | <u>                                  </u><br><u>                                  </u> |

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

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

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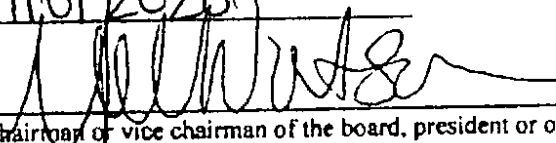
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☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ 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 6/10/2020

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)

Melissa Dotson

(Typed or printed name of person signing)

Board President

(Title of person signing)