

N21 000 000 927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

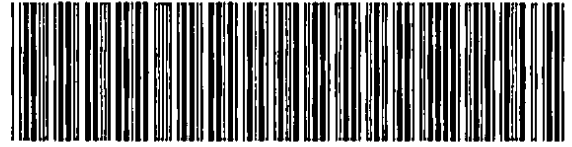
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

1027



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2021

RICK HUSK
36181 E LAKE RD #136
PALM HARBOR, FL 34685

SUBJECT: OLDSMAR NEIGHBORHOOD ASSOCIATION, INC.
Ref. Number: N21000000927

We have received your document for OLDSMAR NEIGHBORHOOD 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 PROFIT BENEFIT CORPORATION, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 521A00019495

Please find the corrected Form enclosed.
Thank you,
Rick Husk

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OLDSMAR NEIGHBORHOOD ASSOCIATION, INC

DOCUMENT NUMBER: N21000000927

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

Please return all correspondence concerning this matter to the following:

RICK HUSK
(Name of Contact Person)

OLDSMAR NEIGHBORHOOD ASSOCIATION, INC.
(Firm/ Company)

36181 E. LAKE RD. STE 136
(Address)

PALM HARBOR, FL 34685
(City/ State and Zip Code)

RHUSK@TAGDESIGNAGENCY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICK HUSK at 727 421-5391
(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 & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|---|--|---|--|

ALREADY SUBMITTED
w/ INCORRECT
PAPERWORK
when I
submitted
last month

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

OLDSMAK NEIGHBORHOOD ASSOCIATED, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

N 2100000927
(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

RICK NUSK
36181 E. LAKE RD. STE #136
(Florida street address)

New Registered Office Address:

Palm Harbor, Florida 34685
(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.

Rick Nusk
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 type="checkbox"/> Add | <u>Treasurer</u> | <u>AARON OZIER</u> | _____ _____ _____ |
| <input checked="" type="checkbox"/> Remove | | | _____ _____ _____ |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add | <u>Secretary</u> | <u>Jenna Boyle</u> | _____ _____ _____ |
| <input checked="" type="checkbox"/> Remove | | | _____ _____ _____ |
| 3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>PD</u> | <u>VINCENT ALBANESE</u> | _____ _____ _____ |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add | <u>DTS</u> | <u>RICK NUSK</u> | _____ _____ _____ |
| <input type="checkbox"/> Remove | | | _____ _____ _____ |
| 5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>D</u> | <u>MICHAEL ALBANESE</u> | _____ _____ _____ |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ _____ _____ |

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 July 16, 2021

Signature

Rick Husk
(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)

Rick Husk
(Typed or printed name of person signing)

Director / Secretary / Treasurer
(Title of person signing)