

N21000002963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

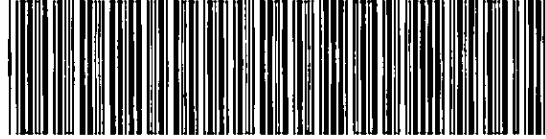
(Business Entity Name)

(Document Number)

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

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# COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Carmila Homeowners Association, Inc.

**SUBJECT:** \_\_\_\_\_  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Terry Schrader  
\_\_\_\_\_  
Name (Printed or typed)

P.O. Box 205  
\_\_\_\_\_  
Address

San Antonio FL 33576  
\_\_\_\_\_  
City, State & Zip

352-588-3141  
\_\_\_\_\_  
Daytime Telephone number

terryschrader7@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME** Carmila Homeowners Association, Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
12349 Curley Road  
\_\_\_\_\_  
San Antonio, FL 33576  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address, if different is:  
P.O. Box 205  
\_\_\_\_\_  
San Antonio, FL 33576  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE** Homeowners Associatio  
The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: majority vote  
\_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	Terry Schrader, president	Name and Title:	_____
Address	P.O. Box 205	Address:	_____
	San Antonio, FL 33576		_____
	_____		_____
Name and Title:	Ted Schrader, vp	Name and Title:	_____
Address	91 Davis Boulavard #302	Address:	_____
	Tampa, FL 33606		_____
	_____		_____
Name and Title:	Gunther Flaig, director	Name and Title:	_____
Address	7712 West County Line Road	Address:	_____
	Odessa, FL 33556		_____
	_____		_____

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Terry Schrader  
 Address: 12349 Curley Road  
 San Antonio, FL 33576

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Terry Schrader  
 Address: P.O. Box 205  
 San Antonio, FL 33576

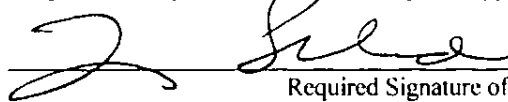
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
 \_\_\_\_\_  
 Required Signature of Registered Agent

1-28-2021  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
 \_\_\_\_\_  
 Required Signature of Incorporator

1-28-2021  
 Date