

N21000002963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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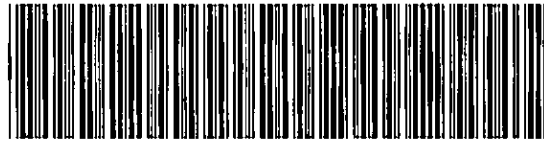
(Business Entity Name)

(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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FIL 6:00

**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

The name of the corporation shall be: Carmila Homeowners Association, Inc.

## 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

The purpose for which the corporation is organized is: Homeowners Associatio

## 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

Address: P.O. Box 205

San Antonio, FL 33576

Name and Title:

Address:

Name and Title: Ted Schrader, vp

Address: 91 Davis Boulavard #302

Tampa, FL 33606

Name and Title:

Address:

Name and Title: Gunther Flaig, director

Address: 7712 West County Line Road

Odessa, FL 33556

Name and Title:

Address:

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FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
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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.)

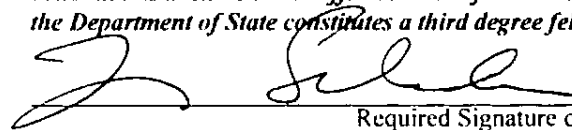
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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