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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
NORTHLAKE AT OVATION HOMEOWNERS' ASSOCIATION, INC.**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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12/9/2021 1:32:52 PM PAGE 1/001 Fax Server



December 9, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NORTHLAKE AT OVATION HOMEOWNERS' ASSOCIATION, INC.

1600 W COLONIAL DR

MELROSE MANAGEMENT PARTNERSHIP, L.L.C.

ORLANDO, FL 32804

SUBJECT: NORTHLAKE AT OVATION HOMEOWNERS' ASSOCIATION, INC.

REF: N21000009624

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Irene Albritton
Regulatory Specialist III

FAX Aud. #: E21000447805
Letter Number: 621A00029688

***PLEASE PROVIDE
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OF 12/8/21***



December 13, 2021

FLORIDA DEPARTMENT OF STATE

NORTHLAKE AT OVATION HOMEOWNERS' ASSOCIATION, INC.
1600 W COLONIAL DR
MELROSE MANAGEMENT PARTNERSHIP, L.L.C.
ORLANDO, FL 32804

SUBJECT: NORTHLAKE AT OVATION HOMEOWNERS' ASSOCIATION, INC.
REF: N21000009624

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H21000447805
Letter Number: 621A00029952

850-617-6381

12/17/2021 8:34:31 AM PAGE 1/001 Fax Server



December 17, 2021

FLORIDA DEPARTMENT OF STATE

NORTHLAKE AT OVATION HOMEOWNERS' ASSOCIATION, INC.
1600 W COLONIAL DR
MELROSE MANAGEMENT PARTNERSHIP, L.L.C.
ORLANDO, FL 32804

SUBJECT: NORTHLAKE AT OVATION HOMEOWNERS' ASSOCIATION, INC.
REF: N21000009624

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6939.

Agnes Lunt
Regulatory Specialist III

FAX Aud. #: E21000447805
Letter Number: 321A00030476



December 22, 2021

FLORIDA DEPARTMENT OF STATE

NORTHLAKE AT OVATION HOMEOWNERS' ASSOCIATION, INC.
1600 W COLONIAL DR
MELROSE MANAGEMENT PARTNERSHIP, L.L.C.
ORLANDO, FL 32804

SUBJECT: NORTHLAKE AT OVATION HOMEOWNERS' ASSOCIATION, INC.
REF: N21000009624

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please submit the correct Non Profit Amendment 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.

Valerie Herring
Regulatory Specialist III

FAX Aud. #: H21000447805
Letter Number: 321A00030898

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

NORTHLAKE AT OVATION HOMEOWNERS' ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N21000009624

(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: _____

(Florida street address)

New Registered Office Address: _____

_____, Florida
(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

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>

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VPD</u>	<u>CHRISTOPHER CUBERO</u>	<u>1064 GREENWOOD BLVD</u> <u>STE 124</u> <u>LAKE MARY, FL 32746</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VPD</u>	<u>BOB CORTESE</u>	<u>1064 GREENWOOD BLVD</u> <u>STE 124</u> <u>LAKE MARY, FL 32746</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TSD</u>	<u>ERIC REICHERS</u>	<u>1064 GREENWOOD BLVD</u> <u>STE 124</u> <u>LAKE MARY, FL 32746</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>ANTINO SECOR</u>	<u>1064 GREENWOOD BLVD</u> <u>STE 124</u> <u>LAKE MARY, FL 32746</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TSD</u>	<u>ANDON CALHOUN</u>	<u>1064 GREENWOOD BLVD</u> <u>STE 124</u> <u>LAKE MARY, FL 32746</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

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

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

[illegible]

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 12/08/2021

Signature /s/ ANTINO SECOR

(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)

ANTINO SECOR

(Typed or printed name of person signing)

PRESIDENT AND DIRECTOR

(Title of person signing)

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TALLAHASSEE, FLORIDA