

N21625

(Requestor's Name)

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(Address)

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DIVISION OF CORPORATIONS
12 AUG 27 PM 12:10

Amend
@ 9/6/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IMPERIAL RIDGE SUBDIVISION COMMUNITY ASSOCIATION INC.

DOCUMENT NUMBER: N 21625

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

Please return all correspondence concerning this matter to the following:

PAULA J. ZOLL-RODRIGUEZ
(Name of Contact Person)

N/A
(Firm/ Company)

P. O. Box 33
(Address)

ELLENTON, FL. 34222
(City/ State and Zip Code)

RDENNIS799@JUNO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA J. ZOLL-RODRIGUEZ at (941) 920-0965
(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) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2012

PAULA J. ZOLL-RODRIGUEZ
P.O. BOX 33
ELLENTON, FL 34222

SUBJECT: IMPERIAL RIDGE SUBDIVISION COMMUNITY ASSOCIATION,
INC.
Ref. Number: N21625

We have received your document for IMPERIAL RIDGE SUBDIVISION COMMUNITY 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 date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(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.

Irene Albritton
Regulatory Specialist II

Letter Number: 612A00020211

RECEIVED

12 AUG 27 11 2:25

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

page, Box checked.

Articles of Amendment
to
Articles of Incorporation
of

Imperial Ridge Subdivision Community Association
(Name of Corporation as currently filed with the Florida Dept. of State) INC

N21625

(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:

N/A

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**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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:

N/A

(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.

N/A

Signature of New Registered Agent, if changing

12 AUG 27 PM 12:10
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF REVENUE

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 type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>P.T.S.</u> | <u>SALLIE STROME</u> | <u>2406 51 ST.CT.E.</u>
<u>PALMETTO FL</u>
<u>34221</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P.T.</u> | <u>PAULA J. ZOLL-RODRIGUEZ</u> | <u>5007 24 AVE D.E.</u>
<u>PALMETTO FL</u>
<u>34221</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S.</u> | <u>MARYANN CUTHBERTSON</u> | <u>2413 50 ST.CT.E.</u>
<u>PALMETTO FL</u>
<u>34221</u> |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>VP</u>
(Remain) | <u>TIM HARTENSTEIN</u> | <u>2515 51 ST CTE.</u>
<u>PALMETTO FL</u>
<u>34221</u> |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: 7/30/2012

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.

* TO NOTIFY CHANGE OF OFFICERS ONLY.

Dated 7/30/2012

Signature Paula J. Zolli-Rodriguez
(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)

PAULA J ZOLLI-RODRIGUEZ
(Typed or printed name of person signing)
PRESIDENT - TREASURER
(Title of person signing)