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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6360

From:

Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : 120190000128
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Fax Number : (251)544-1643

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: csimpson@handfirm.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
CALI COVE COMMUNITY ASSOCIATION, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

2024 JUN -3 PM 1:00

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Articles of Amendment
to
Articles of Incorporation
of

CALI COVE COMMUNITY ASSOCIATION, INC.

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

N23000010916

(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)

444 SEABREEZE BLVD., SUITE 805

DAYTONA BEACH, FL 32118

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

444 SEABREEZE BLVD., SUITE 805

DAYTONA BEACH, FL 32118

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:

LAURA WALDA

215 NORTH EOLA DRIVE

(Florida street address)

New Registered Office Address:

ORLANDO

(City)

Florida 32801
(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

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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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	P	CHRIS QUARLES	10541 BEN C. PRATT SIX MILE C FORT MYERS, FL 33966
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	P	SCOTT BULLOCK	444 SEABREEZE BLVD., STE 805 DAYTONA BEACH, FL 32118
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	LANDON THOMAS	10541 BEN C. PRATT SIX MILE C FORT MYERS, FL 33966
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	VP	TOM MEHEGAN	444 SEABREEZE BLVD., STE 805 DAYTONA BEACH, FL 32118
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add	ST	REBECCA SARVER	10541 BEN C. PRATT SIX MILE C
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	ST	LOGAN CARTER	444 SEABREEZE BLVD., STE 805 DAYTONA BEACH, FL 32118
<input type="checkbox"/> Remove			

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

PLEASE SEE ATTACHMENT

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Lined area for text entry.

The date of each amendment(s) adoption: _____ if on or after the date this document was signed.

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

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.


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.

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- ☒ 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 5/13/2024

Signature 
(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)

Scott Bullock
(Typed or printed name of person signing)

President
(Title of person signing)

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CLERK OF COURT
JULY 1, 2024

AMENDMENT TO ARTICLES OF INCORPORATION
OF
CALI COVE COMMUNITY ASSOCIATION, INC.

The Articles of Incorporation of Cali Cove Community Association, Inc. is hereby amended as follows: (*double underlines indicating additions and strike throughs indicating deletions*):

ARTICLE II – DEFINITIONS

Each term used herein, except as otherwise defined herein, is defined in the Declaration of Covenants, Conditions, and Restrictions of Cali Cove (the “Declaration”) recorded, or to be recorded, among the Public Records of Charlotte County, Florida by ~~D.R. Horton, Inc., a Delaware corporation~~ JDG Cali Cove, LLC, a Florida limited liability company (the “Declarant”), and shall have the same meaning or definition ascribed thereto in the Declaration.

ARTICLE III – PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and mailing address of the Association shall be ~~40541 Ben C. Pratt Six Mile Cypress Parkway, Suite 100, Fort Myers, Florida 33966~~ 444 Seabreeze Blvd., Suite 805, Daytona Beach, FL 32118.

ARTICLE X – REGISTERED AGENT, MAILING ADDRESS AND STREET ADDRESS

The street and mailing address of the Corporation's registered office is ~~40541 Ben C. Pratt Six Mile Cypress Parkway, Suite 100, Fort Myers, Florida 33966~~ 215 North Eola Drive, Orlando, FL 32801, and the Registered Agent is D.R. Horton, Inc. Laura Walda.

Except as specifically amended hereby, the Articles of Incorporation shall remain in full force and effect as originally executed and filed.

[Signatures on the Following Pages]

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CLERK OF DISTRICT COURT
JUDICIAL DISTRICT NO. 17
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 13th day of May, 2024.

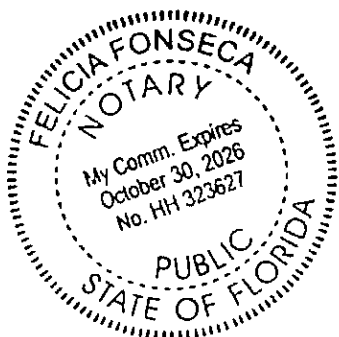
JDG Cali Cove, LLC, a Florida limited liability company

By: AJ-DJ Stokes, LLC, a Florida limited liability company

By [Signature]
Printed Name: Anand Jobalia
Its: Manager

STATE OF FLORIDA
COUNTY OF Volusia

The foregoing instruction was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 13th day of May, 2024, by Anand Jobalia on behalf of the entity, who is ☒ personally known to me or ☐ has produced the following _____ as identification.



[Signature]
Notary Signature
Felicia Fonseca
Notary Name [Printed/Typed/Handwritten]
Commission No.: HH 323627
My Commission Expires: October 30, 2026

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2024

CONSENT OF REGISTERED AGENT

I hereby accept the appointment this 23rd day of May, 2024, as registered agent for Cali Cove Community Association, Inc. and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

By: Laura Walda
Laura Walda

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MASS. S.F.L.