

N24000001271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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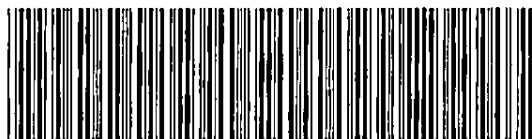
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MINNEHAHA SHORES ASSOCIATION,

INC.

Please Debit **FCA000000003** For: **70**

Thank you Seth Neeley

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

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

SUBJECT: MINNEHAHA SHORES ASSOCIATION, INC.

(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: REBECCA VAN REKEN

Name (Printed or typed)

109 KYLE DRIVE

Address

MAITLAND, FL 32751

City, State & Zip

407.529.9526

Daytime Telephone number

rvanreken@gmail.com

E-mail address: (to be used for future annual report notification)

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: MINNEHAHA SHORES ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
109 KYLE DRIVE

MAITLAND, FL 32751

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Association is formed to provide for maintenance, preservation and operation of Lot 33, Minnehaha Shores subdivision, according to the Plat thereof as recorded in Plat Book U, Page 65 of the Public Records of Orange County, Florida and other property, to administer all for the benefit of its subdivision property-owner Members, and to promote fellowship and the common good of its Members in accordance with the terms, provisions, and authorizations contained in these Articles, the Bylaws, and Rules that may be adopted by the Association from time to time, and to own, operate, lease, sell, trade and otherwise deal with such real or personal property as may be necessary or convenient in the performance of its purposes. The Association shall be conducted as a non-profit organization for the benefit of its Members.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Pursuant to Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>REBECCA VAN REKEN, PRES & DIR</u>	Name and Title:	<u>GUSTAVO QUINTERO, TRS & DIR</u>
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Address	<u>109 KYLE DRIVE</u>	Address:	<u>109 KYLE DRIVE</u>
	<u>MAITLAND, FL 32751</u>		<u>MAITLAND, FL 32751</u>

Name and Title:	<u>KIM EISEN, VP & DIR</u>	Name and Title:	<u>ERIN MCCARTHY, DIR</u>
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Address	<u>46 MINNEHAHA CIRCLE</u>	Address:	<u>32 MINNEHAHA CIRCLE</u>
	<u>MAITLAND, FL 32751</u>		<u>MAITLAND, FL 32751</u>

Name and Title:	<u>MARK SHINKLE, DIR</u>	Name and Title:	<u>JOANNE SERROS, DIR</u>
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Address	<u>110 MINNEHAHA CIRCLE</u>	Address:	<u>45 MINNEHAHA CIRCLE</u>
	<u>MAITLAND, FL 32751</u>		<u>MAITLAND, FL 32751</u>

Name and Title: JUSTIN WIECHER, DIR Name and Title: _____
Address: 180 MINNEHAHA CIRCLE Address: _____
MAITLAND, FL 32751 _____

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: REBECCA VAN REKEN
Address: 109 KYLE DRIVE
MAITLAND, FL 32751

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID E TERRY
Address: 120 MINNEHAHA CIRCLE
MAITLAND, FL 32751

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

1/29/24
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

1/29/24
Date