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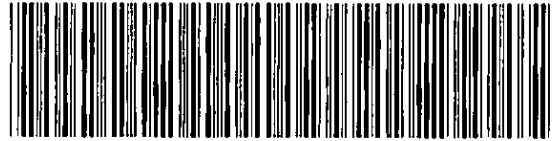
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2024 AUG 23 PM 4:41
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Schalamar Creek Recreation Club 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: Tami Diehl
Name (Printed or typed)

4613 Arlington Park Drive
Address

Lakeland, FL 33801
City, State & Zip

(863) 286-8917
Daytime Telephone number

tdiehl4613@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: Schalamar Creek Recreation Club Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4613 Arlington Park Drive

Lakeland, FL 33801

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The purpose is to foster friendship and goodwill through interaction of the residents of Schalamar Creek Golf & Country Club

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gail Levine, Vice President

Address: 4541 Dewsbury Court
Lakeland, FL 33801

Name and Title: Rhonda Whiteman, Treasurer

Address: 4608 Delmar Drive
Lakeland, FL 33801

Name and Title: Jean Fornal, Secretary

Address: 1479 Champion Drive
Lakeland, FL 33801

Name and Title: Heather Williams, Director

Address: 4653 Arlington Drive
Lakeland, FL 33801

Name and Title: Bonnie Hyde, Director

Address: 1465 Champion Drive
Lakeland, FL 33801

Name and Title: Evonne Crocker, Director

Address: 4437 Applegate Drive
Lakeland, FL 33801

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2024 AUG 23 PM 4:46
CLERK OF DISTRICT COURT
STATE OF FLORIDA
PROVIDED IN BYLAWS

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Tami Diehl

Address: 4613 Arlington Park Drive

Lakeland, FL 33801

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Tami Diehl

Address: 4613 Arlington Park Drive

Lakeland, FL 33801

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

Tami Diehl
Required Signature of Registered Agent

7/28/2024
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.

Tami Diehl
Required Signature of Incorporator

7/28/2024
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FL