

N26447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

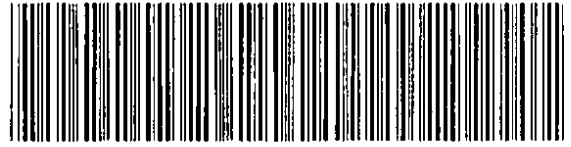
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2023 SEP 15 PM 12:10
STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2023

ROY SMITH
1020 NE 30TH AVE
APT 125
OCALA, FL 34470

SUBJECT: DARBY DOWNS OF OCALA HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N26447

We have received your document for DARBY DOWNS OF OCALA HOMEOWNERS' 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):

Please ensure that you check one of the adoption of amendments boxes.

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.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 823A00019751

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FILE
NOTE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DARBY DOWNS OF OCALA HOMEOWNERS' ASSC., Inc

DOCUMENT NUMBER: N 26447

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

Please return all correspondence concerning this matter to the following:

Roy Smith

(Name of Contact Person)

(Firm/ Company)

1020 NE 30TH AVE APT 125

(Address)

OCALA, FL 34470

(City/ State and Zip Code)

DARBY DOWNS HOA @ gmail.com

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

For further information concerning this matter, please call:

Roy Smith

(Name of Contact Person)

at 352 209-4590

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

COPY

Filed by mail
25 Jul 23

2023 SEP 15 PM 12:10

Articles of Amendment
to
Articles of Incorporation
of

DARBY DOWNS OF OCALA HOMEOWNERS' ASSOCIATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N26447

(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)

1020 NE 30TH AVE

APT 125

OCALA, FL 34470

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1020 NE 30TH AVE

APT 125

OCALA, FL 34470

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:

ROY SMITH

1020 NE 30TH AVE

APT 125

(Florida street address)

New Registered Office Address:

OCALA

(City)


Florida

(Zip Code)

34470

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith.

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P	Jennifer Edwards	C/O Autumn Management, LLC PO Box 3644 Ocala, FL 34478
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	V	Betty Sasina	C/O Autumn Management, LLC PO Box 3644 Ocala, FL 34478
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	Joanne Sears	C/O Autumn Management, LLC PO Box 3644 Ocala, FL 34478
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	Chad Smith	C/O Autumn Management, LLC PO Box 3644 Ocala, FL 34478
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			

See ADDITIONAL SHEET

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

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

N/A

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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.

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Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith.

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	Carrie Erickson	C/O Darby Downs HOA 1020 NE 30 th Ave Apt 125 Ocala, FL 34470
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	Chris Ching	C/O Darby Downs HOA 1020 NE 30 th Ave Apt 125 Ocala, FL 34470
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	Joanna Barriera	C/O Darby Downs HOA 1020 NE 30 th Ave Apt 125 Ocala, FL 34470
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	Wayne Palmer	C/O Darby Downs HOA 1020 NE 30 th Ave Apt 125 Ocala, FL 34470
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			

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DATE

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

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

N/A

Lined area for text entry.

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The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

Effective date if applicable: N/A
(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.

☒ 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 25 July 23

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)

Roy Smith

(Typed or printed name of person signing)

SECRETARY / TREASURER

(Title of person signing)

2023 SEP 15 11:12:10
STATE
FBI