## N20925

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## COVER LETTER

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TO: Amendment Section Division of Corporations

Southgate Con NAME OF CORPORATION:	imunity Association		
N26925			·
DOCUMENT NUMBER:		<del></del> .	
The enclosed Articles of Amendment and fee ar	e submitted for filing.		
Please return all correspondence concerning this	smatter to the following:		
Gina Alexandrov			
	(Name of Contact I	'erson)	
NA			
	(Firm/ Compan	(y)	<del></del>
2615 Bougainvillea Street			
	(Address)	<u> </u>	
Sarasota, FL 34239			
	(City/ State and Zip	Code)	·
gina.alexandrov@gmail.com			
•	e used for future annual re	port notification	1)
For further information concerning this matter, p	oleuse cult:	•	
Gina Alexandrov		941	5920071
(Name of Contact P	erson)	t(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida	Department of	State:
	ree & □\$43.75 Filing Fed tatus — Certified Copy (Additional copy enclosed)	Certit is Certit	0 Filing Fee icate of Status ied Copy tional Copy is osed)
<u>Mailing Address</u> Amendment Section		reet Address mendment Sect	ion
Division of Corporations	()	ivision of Corpe	
P.O. Box 6327 Tallahassee, FL 32314		lifton Building 61 Executive C	lenter Circle
		allahassee, FL 3	

## Articles of Amendment to Articles of Incorporation of

Southgate Community Association

rently filed with the Flo	rida Dept. of State)
mber of Corporation (if)	known)
tutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
ration:	
	The new
oration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
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<u>55</u> )	
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office address in Florida	e conter the name of the
re address:	¥'
(F	Florida street address)
	, Florida (Zip Code)
(Ciţy)	(Zip Code)
red Agent; n familiar with and accep	t the obligations of the position.
· · · · · · · · · · · · · · · · · · ·	stered Agent, if changing
	mber of Corporation (if ) tates, this Florida Not F ration:  ration:  na  SS )  na  ffice address in Florida e address:  (City) ed Agent:

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 X Remove X Add	$\underline{V}$ $\underline{M}$	hn Doe ike Jones dly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
T) Change	<u>P</u>	Jim DelRio	2230 Tulip Street
Add			Sarasota, FL 34239
Remove			
2) Change	VP	Seth Johnson	2114 River Ridge Drive
X Add			Sarasota, FL 34239
Remove			
3 ) Change	D	Catherine Snowman	2722 Sunnyside St
Add			Sarasota, FL 34239
X Remove			
4) Change	Τ	Robert Dinan	3013 Homasassa Road
Add	,		Sarasota, FL 34239
X Remove			<del> </del>
51 Change	D	Tom Jessup	2532 Spanola Avenue
Add			Sarasota, FL 34239
X Remove			
6) Change	D	Jan Maarten	2505 Fruit Tree Drive
Add	<u></u>		Sarasota, FL 34239
X Remove			

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 X Remove X Add	$\underline{V} = \underline{Mi}$	nn Dog ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change Add Remove	Ţ	ADAM CHICOINE	3001 GOLDENROD ST SARASOTA, FL 34239
2) Change Add Remove	<u>D</u>	MARIA ROCHA	2884 PINECREST ST SARASOTA, FL 34239
3 ) Change Add Remove	_0_	VIRGINIA MILLER	2712 HYDE PARK ST SARASOTA, FL 34239
4) Change Add Remove	<u>D</u>	KAREN COLLINS - FLEMING	2601 WISTEKIA PL SARASOTA, FL 34239
5/ Change Add Remove	_D	RUSSEU ELEPTERIO	N 2623 BOUGAINVILLEA ST SARASOTA, FL 34239
6) Change Add Remove			

(attach additional sheets, if necessary). The specific)  via	E. If amending or adding additional Articles, enter change(s) here:
	(attach additional sheets, if necessary). (Be specific)
	na
	·
<del></del>	

## The date of each amendment(s) adoption: , if other than the date this document was signed Effective date if applicable: ono more than 90 days after amendment file dates 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

Signature

the chairman or vice chairman of the board, president or other officer-if directors (Lave not been selected, by an incorporator - it in the hands of a receiver, trustee, or

other court appointed fiduciary by that fiduciary)

Tim Delillo
(Typed or printed name of person signing)

President
(Tide of person signing)