

N28898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

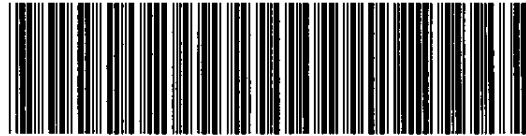
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 27 PM 2:29

08/08/12--01024--003 **43.75

Amend

AUG 28 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sabal Springs Homeowner's Association, INC.

DOCUMENT NUMBER: N28898

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

Please return all correspondence concerning this matter to the following:

Alan B. Chandler

(Name of Contact Person)

Sabal Springs Homeowner's Association, Inc.

(Firm/ Company)

3410 Club View Dr.

(Address)

North Fort Myers, FL. 33917

(City/ State and Zip Code)

alanxbanker@aol.com

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

For further information concerning this matter, please call:

Alan B. Chandler

(Name of Contact Person)

at (812) 322-8191

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2012

SABAL SPRINGS HOMEOWNERS' ASSOCIATION, INC.
ALAN B CHANDLER
31410 CLUB VIEW DR
NORTH FORT MYERS, FL 33917

SUBJECT: SABAL SPRINGS HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N28898

We have received your document for SABAL SPRINGS HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 212A00020844

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 27 PM 2:29

Sabal Springs Homeowners' Association, Inc.

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

N28898

(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)

3410 Club View Dr.

North Fort Myers, FL 33917

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>P</u>	<u>Robert P. Pontbriant</u>	<u>3410 Club View Dr.</u> <u>North Fort Myers, FL 33917</u>
2) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>V</u>	<u>James D. Martin Jr.</u>	<u>3410 Club View Dr.</u> <u>North Fort Myers, FL 33917</u>
3) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>T</u>	<u>Alan B. Chandler</u>	<u>3410 Club View Dr.</u> <u>North Fort Myers, FL 33917</u>
4) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>S</u>	<u>Susan Kissel</u>	<u>3410 Club View Dr.</u> <u>North Fort Myers, FL 33917</u>
5) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>v</u>	<u>David Fausey</u>	<u>3410 Club View Dr.</u> <u>North Fort Myers, FL 33917</u>
6) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	<u>VD</u>	<u>Carl Jewitt</u>	<u>3347 Sabal Springs Blvd.</u> <u>North Fort Myers, FL 33917</u>

6) Change _____

Add _____

Remove _____

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

The date of each amendment(s) adoption: May 30, 2012

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

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 8/8/2012

Signature

Alan B. Chandler

(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)

Alan B. Chandler

(Typed or printed name of person signing)

Treasurer

(Title of person signing)