

N39441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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900297363539

04/10/17--01011--006 **25.00

05/24/17--01022--005 **10.00

17 MAY 18 PM 3:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

5/24/17

Hmend
5/24/17
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2017

DONNIE MARTINEZ
BLUE WATER COMMUNITY MANAGEMENT
2021 13TH STREET
ST. CLOUD, FL 34769

SUBJECT: FOREST RIDGE AT MEADOW WOODS HOMEOWNERS'
ASSOCIATION, INC.
Ref. Number: N39441

We have received your document for FOREST RIDGE AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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.


Irene Albritton
Regulatory Specialist II

Letter Number: 717A00007944

RECEIVED
MAY 18 PM 4:50
DIVISION OF CORPORATIONS
STATE OF FLORIDA

www.sunbiz.org

RECEIVED
MAY 01 2017

BY: 



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2017

DONNIE MARTINEZ
BLUE WATER COMMUNITY MANAGEMENT
2021 13TH STREET
ST. CLOUD, FL 34769

SUBJECT: FOREST RIDGE AT MEADOW WOODS HOMEOWNERS'
ASSOCIATION, INC.
Ref. Number: N39441

We have received your document for FOREST RIDGE AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$25.00. 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.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 917A00007118

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Forest Ridge at Meadow Woods Homeowner's Association,
Inc.

DOCUMENT NUMBER: N39441

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

Please return all correspondence concerning this matter to the following:

Donnie Martinez

(Name of Contact Person)

Blue Water Community Management

(Firm/ Company)

4735 Old Canoe Creek Road

(Address)

St. Cloud, FL 34769

(City/ State and Zip Code)

Donnie@mybwcm.com

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

For further information concerning this matter, please call:

Donnie Martinez

(Name of Contact Person)

at 407- 343-0809 ext 126

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Forest Ridge at Meadow Woods Homeowners' Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N39441

(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:

N/A

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)

N/A
|

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A
|

FILED
17 MAY 18 PM 3:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

N/A

(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.

N/A

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:

Change PT John Doe
 Remove V Mike Jones
 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	<u>V.P.</u>	<u>Robert Beltre Cuevas</u>	<u>4735 Old Canoe Creek Rd</u> <u>St. Cloud, Fl 34769</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V.P.</u>	<u>Robert Berry</u>	<u>4735 Old Canoe Creek Rd</u> <u>St. Cloud Fl 34769</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S/T</u>	<u>Marvin ^{Tony} Ansley</u>	<u>4735 Old Canoe Creek Rd</u> <u>St. Cloud, Fl 34769</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S/T</u>	<u>Marvin Cortner</u>	<u>4735 Old Canoe Creek Rd</u> <u>St. Cloud, Fl 34769</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Charlie Merino</u>	<u>4735 Old Canoe Creek Rd</u> <u>St. Cloud, Fl 34769</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>James Leite</u>	<u>4735 Old Canoe Creek Rd</u> <u>St. Cloud, Fl 34769</u>

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

Remove : D Robert Berry

Add : D Robert Beltre Cuevas

The date of each amendment(s) adoption: April 6, 2017, if other than the date this document was signed.

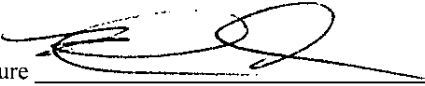
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 5-15-17

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)

Michael Masley
(Typed or printed name of person signing)

President
(Title of person signing)