

N45501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

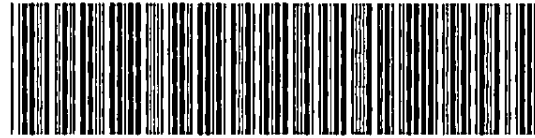
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200370583832

07/29/21--01017--008 **25.00

Amend

09/06/21--01033--001 **10.00

SECRETARY OF STATE
TALLAHASSEE, FL 32307

2021 SEP -2 PM 12:58

FILED

SEP 08 2021

A RAMSEY

*00789, 06342, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 SEP -2 AM 10:26

August 13, 2021

TOM DOVE PRESIDENT
BAKER PLACE HOMEOWNERS ASSOCIATION, INC
5995 PONDER LANE
TALLAHASSEE, FL 32309 US

SUBJECT: THE BAKER PLACE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N45501

We have received your document for THE BAKER PLACE 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 above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 821A00019379

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Baker Place Homeowners Association, INC

DOCUMENT NUMBER: N45501

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

Please return all correspondence concerning this matter to the following:

Tam DUNE
(Name of Contact Person)

(Firm/ Company)

5995 Ponder Ln
(Address)

Tallahassee, FL 32309
(City/ State and Zip Code)

tdune@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tam DUNE at 950 766 7198
(Name of Contact Person) (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

Articles of Amendment
to
Articles of Incorporation
of

The Baker Place Homeowners Association, INC

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

N 45501

(Document Number of Corporation (if known))

FILED

2021 SEP -2 PM 12 58

SECRETARY OF STATE
TALLAHASSEE, FL 32309

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)

5995 Ponder Ln

Tallahassee, FL 32309

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5995 Ponder Ln

Tallahassee, FL 32309

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:

Tom Davis

5995 Ponder Ln

(Florida street address)

New Registered Office Address:

Tallahassee

(City)

Florida

32309

(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.

7
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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----------------------------|--------------------------|--|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add | <u>T</u>
<u>TREA</u> | <u>Richard J. Spayde</u> | <u>1955 Greenville Rd</u>
<u>Tallahassee, FL 32309</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add | <u>D</u>
<u>Director</u> | <u>Julia Frantz</u> | <u>5986 Colonel Scott Dr</u>
<u>Tallahassee, FL 32309</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u>
<u>Director</u> | <u>Jennifer Kantore</u> | <u>7012 Greenville Rd</u>
<u>Tallahassee, FL 32309</u> |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | | | |
| 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 | | | |

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

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

4-7-72 12:00 a.m.

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

Adoption of Amendment(s) (CHECK ONE)

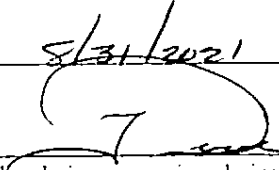
- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☒ 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

8/31/2021

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)

Tom Dove

(Typed or printed name of person signing)

President

(Title of person signing)