

N93 0000000624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

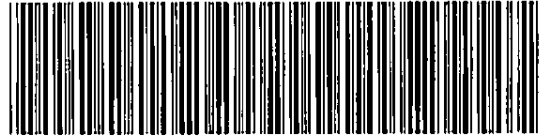
(Business Entity Name)

(Document Number)

Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



900423318449

02/05/24--01023--012 **52.75

FILED
2024 MAR 19 AM 8:26
TALLAHASSEE, FLORIDA

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2024 MAR 19 PM 4:42

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Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BRIGHT WATER PLACE HOMEOWNERS ASSOCIATION, INC

DOCUMENT NUMBER: N93000000624

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

Please return all correspondence concerning this matter to the following:

Klingberg, Susanne

(Name of Contact Person)

BRIGHT WATER PLACE HOMEOWNERS ASSOCIATION, INC

(Firm/ Company)

3332 Indian Trail

(Address)

Eustis, FL 32726

(City/ State and Zip Code)

hoabrightwaterplace@gmail.com

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

For further information concerning this matter, please call:

Peter W. McCumber

407

304-9288

at

(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 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 checked="" 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

Receive
3/15/24

Articles of Amendment
to
Articles of Incorporation
of

FILED

2024 MAR 19 AM 8:26

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

(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)

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:

_____, Florida _____
(City) (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 type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Cochran, Cliff</u>	<u>3233 Indian Trail Eustis, FL 32726</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Bosch, Cynthia</u>	<u>3221 Indian Trail Eustis, FL 32726</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>DiGiacomo, Nicholas</u>	<u>3313 Indian Trail Eustis, FL 32726</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Klingberg, Susianne</u>	<u>3332 Indian Trail Eustis, FL 32726</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>McCumber, Peter</u>	<u>30600 S. Coronado Drive, Sorrento, FL 32776</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u>


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

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

☒ 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 03-02-2024

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)

Susanne Klingberg
(Typed or printed name of person signing)

-president-
(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2024

SUZANNE KLINGBERG
3332 INDIAN TRAIL
EUSTIS, FL 32726

SUBJECT: BRIGHT WATER PLACE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N93000000624

We have received your document for BRIGHT WATER PLACE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$52.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 724A00003918

March 8, 2024

Anissa Butler
Regulatory Specialist II
Division of Corporations

SUBJECT: Corrected Articles of Amendment

Anissa:

Thank you for helping us get this matter resolved. We have enclosed the corrected Articles of Amendment for a Non-Profit Corporation. The Division of Corporations has our cashed check for the initial (improper) filing. If you need anything further, please don't hesitate to reach out.

Sincerely

A handwritten signature in black ink, appearing to read "Peter McCumber", with a long horizontal flourish extending to the right.

Peter McCumber
Bright Water Place Homeowner's Association, Inc
Treasurer