

N94000000272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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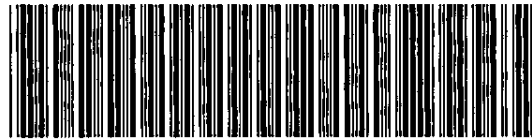
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 NOV 18 PM 12:57

NOV 21 2016

C LEWIS

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SAVONA HOMEOWNERS ASSOCIATION, INC

DOCUMENT NUMBER: N 94000000 272

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

Please return all correspondence concerning this matter to the following:

Judy Ramage

(Name of Contact Person)

SAVONA HOME OWNERS ASSOCIATION INC

(Firm/ Company)

1902 SE 40TH ST

(Address)

CAPE CORAL FL

(City/ State and Zip Code)

Judy@CAPE CORAL WATERFRONT.NET

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

For further information concerning this matter, please call:

Judy Ramage / President

(Name of Contact Person)

at 239 910-3443

(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2016 NOV 18 PM 12:57

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

SAVONA HOMECOWNERS ASSOCIATION, INC N94000000272

(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:

NA

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)

NA

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

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:

New Registered Office Address:

NA

(Florida street 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>

Type of Action  
(Check One)

Title

Name

Address

- |  |                              |                           |  |
|--|------------------------------|---------------------------|--|
| 1) <input type="checkbox"/> Change         | <u>T</u><br><u>TREASURER</u> | <u>SCOTT MILLER</u>       | <u>3819 SE 18<sup>th</sup> PL</u><br><u>CAPE CORAL FL 33904</u>  |
| <input type="checkbox"/> Add               |                              |                           |  |
| <input checked="" type="checkbox"/> Remove |                              |                           |  |
| 2) <input type="checkbox"/> Change         | <u>S</u><br><u>SECRETARY</u> | <u>RALF BROOKES</u>       | <u>1721 SE 39<sup>th</sup> ST</u><br><u>CAPE CORAL FL 33904</u>  |
| <input type="checkbox"/> Add               |                              |                           |  |
| <input checked="" type="checkbox"/> Remove |                              |                           |  |
| 3) <input type="checkbox"/> Change         | <u>T</u><br><u>TREASURER</u> | <u>CATHERINE STEADMAN</u> | <u>1918 SE 37<sup>th</sup> TER</u><br><u>CAPE CORAL FL 33904</u> |
| <input checked="" type="checkbox"/> Add    |                              |                           |  |
| <input type="checkbox"/> Remove            |                              |                           |  |
| 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)

NA

The date of each amendment(s) adoption: 9/22/2016, 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 11/15/2016

Signature Judy Ramage  
(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)

Judy Ramage  
(Typed or printed name of person signing)

President  
(Title of person signing)

2016 NOV 18 PM 12:57  
NOTARY PUBLIC  
JUDY RAMAGE