

N940000001391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

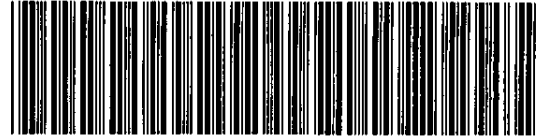
(Business Entity Name)

(Document Number)

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2016 NOV -7 AM 8:21  
SEATTLE, WASHINGTON

Amend

NOV 08 2016

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Villa Calesa Lakeside Homes Owners Association, Inc

**DOCUMENT NUMBER:** N94000001391

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

Please return all correspondence concerning this matter to the following:

Juliya Moody

(Name of Contact Person)

Bookkeeping and Accounting of FL, Inc

(Firm/ Company)

4946 Herton Drive

(Address)

Jacksonville FL 32258

(City/ State and Zip Code)

bookkeepingandaccounting@comcast.net

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

For further information concerning this matter, please call:

Juliya Moody

904 333-1041

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 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2016

JULIYA MOODY  
BOOKKEEPING AND ACCOUNTING OF FL INC  
4946 HERTON DRIVE  
JACKSONVILLE, FL 32258

SUBJECT: VILLA CALESA LAKESIDE HOMES OWNERS ASSOCIATION, INC.  
Ref. Number: N94000001391

We have received your document for VILLA CALESA LAKESIDE HOMES OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. 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: 716A00022846

RECEIVED  
16 NOV - 7 PM 4:53  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2016

JULIYA MOODY  
BOOKEEPING AND ACCOUNTING OF FL  
4946 HERTON DRIVE  
JACKSONVILLE, FL 32258

SUBJECT: VILLA CALESA LAKESIDE HOMES OWNERS ASSOCIATION, INC.  
Ref. Number: N94000001391

We have received your document for VILLA CALESA LAKESIDE HOMES OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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: 616A00021842

RECEIVED  
16 OCT 24 PM 4:22  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Villa Calesa Lakeside Homes Owners Association, Inc

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

N94000001391

(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

**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:

N/A

(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><br>(Check One)       | <u>Title</u> | <u>Name</u>                             | <u>Address</u>                    |
|--------------------------------------------|--------------|-----------------------------------------|-----------------------------------|
| 1) <input type="checkbox"/> Change         | <u>P</u>     | <u>Mikosky, Diane</u>                   | <u>4320 Deerwood Lake Parkway</u> |
| <input type="checkbox"/> Add               |              |                                         | <u>Suite 101-501</u>              |
| <input checked="" type="checkbox"/> Remove |              |                                         | <u>Jacksonville FL 32217</u>      |
| 2) <input type="checkbox"/> Change         | <u>P</u>     | <u>Mikosky, <sup>Anthony</sup> Tony</u> | <u>4002 La Vista Circle</u>       |
| <input checked="" type="checkbox"/> Add    |              |                                         | <u>Jacksonville FL 32217</u>      |
| <input type="checkbox"/> Remove            |              |                                         |                                   |
| 3) <input type="checkbox"/> Change         | <u>V</u>     | <u>Usdin, Phyllis</u>                   | <u>4010 La Vista Circle</u>       |
| <input type="checkbox"/> Add               |              |                                         | <u>Jacksonville FL 32217</u>      |
| <input checked="" type="checkbox"/> Remove |              |                                         |                                   |
| 4) <input type="checkbox"/> Change         | <u>V</u>     | <u>Kaloyeropoulos, Paul</u>             | <u>4006 La Vista Circle</u>       |
| <input checked="" type="checkbox"/> Add    |              |                                         | <u>Jacksonville FL 32217</u>      |
| <input type="checkbox"/> Remove            |              |                                         |                                   |
| 5) <input type="checkbox"/> Change         | <u>S</u>     | <u>Hammel, William</u>                  | <u>4024 La Vista Circle</u>       |
| <input checked="" type="checkbox"/> Add    |              |                                         | <u>Jacksonville FL 32217</u>      |
| <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)*

N/A

The date of each amendment(s) adoption: 1/1/2016, 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 \_\_\_\_\_

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)

Anthony S. Mikosky  
(Typed or printed name of person signing)

President - Villa CallesA HOA.  
(Title of person signing)