

N96000000383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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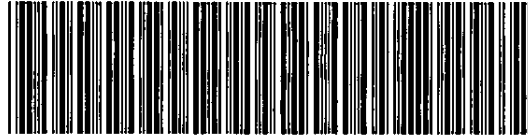
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 22, 2015

FELIX LA MANNA / STONEBROOK MOBILE HOMEOWNERS ASSOC  
8026 W COCONUT PALM DRIVE  
HOMASASSA, FL 34448 US

SUBJECT: STONEBROOK MOBILE HOMEOWNERS ASSOCIATION,  
INCORPORATED  
Ref. Number: N96000000383

We have received your document for STONEBROOK MOBILE HOMEOWNERS ASSOCIATION, INCORPORATED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be adopted in one of the following manners:

**(1) If an amendment was approved by the shareholders, one of the following statements must be contained in the document.**

(a) A statement that the number of votes cast for the amendment by the shareholders was sufficient for approval, -or-

(b) If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

**(2) If an amendment was adopted by the incorporators or board of directors without shareholder action.**

(a) A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 815A00026777

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: STONEBROOK mobile Home owners ASSOC

DOCUMENT NUMBER: N96000000383

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

Please return all correspondence concerning this matter to the following:

FELIX LAMANNA

(Name of Contact Person)

STONEBROOK mobile Home owners ASSOCIATION

(Firm/ Company)

8026 W COCONUT PALM DRIVE

(Address)

HOMOSASSA FL 34448

(City/ State and Zip Code)

high time 4 me 2 @ yahoo.com

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

For further information concerning this matter, please call:

FELIX LAMANNA

(Name of Contact Person)

at 352 503 2967

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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

STONEBROOK MOBILE HOMEOWNERS ASSOCIATION, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N96000000383

(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

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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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |           |                            |  |
|--|-----------|----------------------------|--|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>SG</u> | <u>PATRICIA DENNINGTON</u> | <u>8385 W PROMENADE DR</u><br><u>HOMOSASSA FL</u><br><u>34448</u>    |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>S</u>  | <u>SHARON FRANK</u>        | <u>2704-5 PETROLE BLVD</u><br><u>HOMOSASSA FL</u><br><u>34448</u>    |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>  | <u>FRANK PETROLLE</u>      | <u>8310 W. VINEWAY DR</u><br><u>HOMOSASSA FLA.</u><br><u>34448</u>   |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>D</u>  | <u>PAT LAMARNA</u>         | <u>8026 W. COCONUT ALM DR</u><br><u>HOMOSASSA FL</u><br><u>34448</u> |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____     | _____                      | _____  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____     | _____                      | _____  |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# **STONBROOK HOA BOARD MEMBERS**

## **PRESIDENT**

Felix LaManna  
8026 W Coconut Palm Dr  
Phone- 352-503-2967  
[lamannafelice@yahoo.com](mailto:lamannafelice@yahoo.com)

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## **1<sup>st</sup> VICE PRESIDENT**

Rita Backhurst  
8349 W Promenade Dr  
Phone- 330-327-6174  
[bbackhurst@gmail.com](mailto:bbackhurst@gmail.com)

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## **2<sup>nd</sup> VICE PRESIDENT**

Ken Roberts  
2264 S Pebble Brook Dr  
Phone- 248-766-3384  
[roberts685@aol.com](mailto:roberts685@aol.com)

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## **SECRETARY**

Patricia Dennington  
8385 W Promenade Dr  
Phone- 727-504-4488  
[pdennington67@yahoo.com](mailto:pdennington67@yahoo.com)

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## **ASST SECRETARY**

Frank Petrolle  
8310 W Vineway Dr  
Phone- 203-909-5465  
[janetpetrolle@yahoo.com](mailto:janetpetrolle@yahoo.com)

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## **TREASURER**

Ruth Kramer  
8291 W Vineway Dr  
Phone- 352-503-7353  
[rkramer33@tampabay.rr.com](mailto:rkramer33@tampabay.rr.com)

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## **ASST TREASURER**

Eileen Brown  
8052 W Coconut Palm Dr  
Phone- 352-503-6758  
[ebrown11@yampabay.rr.com](mailto:ebrown11@yampabay.rr.com)

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N96000000383

The date of each amendment(s) adoption: \_\_\_\_\_, 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 12-30-15

Signature: Felice LaManna

(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)

Felice LAMANNA  
(Typed or printed name of person signing)

President  
(Title of person signing)

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