

N960000000518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

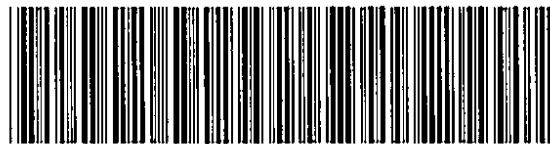
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900304811719

10/24/17--01007--012 **43.75

FILED
2017 NOV 13 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Anund/cc

NOV 14 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Kimberly Estates Homeowners Association, Inc

DOCUMENT NUMBER: N96000000518

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

Please return all correspondence concerning this matter to the following:

TIFFANY VAN VUREN
(Name of Contact Person)

Kimberly Estates Homeowners Association, Inc.
(Firm/ Company)

6755 OPAI AVE
(Address)

COCOA FL 32927
(City/ State and Zip Code)

KEHOA @ Outlook
fla.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIFFANY VAN VUREN at 321 302 1295
(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 checked="" 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2017

TIFFANY VAN VUREN
KIMBERLY ESTATES HOMEOWNERS' ASSOCIATION
6755 OPAL AVE
COCOA, FL 32927

SUBJECT: KIMBERLY ESTATES HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N96000000518

We have received your document for KIMBERLY ESTATES HOMEOWNERS' ASSOCIATION, INC. 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 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.

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: 717A00021555

RECEIVED
17 NOV 13 PM 4:30
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Kimberly Estates Homeowners Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N96 000000518

(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)

6736 OPAL AVE
COCOA FL 32927

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6755 OPAL AVE
COCOA FL 32927

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:

DAVID RUSSELL
6736 OPAL AVE

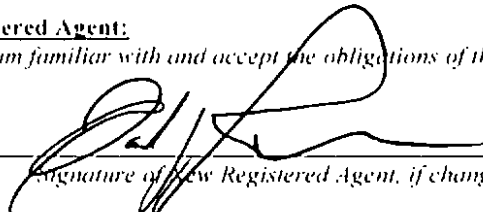
(Florida street address)

New Registered Office Address:

Cocoa, Florida 32927
(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)

FILED
2017 NOV 13 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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
<input checked="" type="checkbox"/> Remove | <u>P</u> | <u>ROY E CRAFT JR.</u> | <u>6760 OPAL AVE</u>
<u>PORT ST. JOHN</u>
<u>FLORIDA 32927</u> |
| 2) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>DAVID RUSSELL</u> | <u>6736 OPAL AVE</u>
<u>COCOA FL</u>
<u>32927</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>V</u> | <u>JEFF KNIGHT</u> | <u>6743 OPAL AVE</u>
<u>COCOA, FL 32927</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 | _____ | _____ | _____ |

[illegible]

The date of each amendment(s) adoption: 8/1/17, if other than the date this document was signed.

Effective date if applicable: 8/1/17
(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 11/2/17

Signature [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)

TIFFANY VAN VUREN
(Typed or printed name of person signing)

Treasurer / Secretary
(Title of person signing)