

N960000004063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

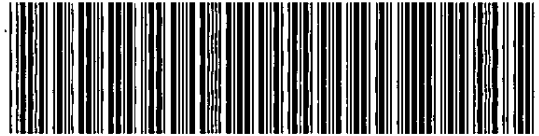
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Aments

FILED

09 JUL 20 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUL 20 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GREEN RIDGE PROPERTY OWNERS ASSOC.

DOCUMENT NUMBER: N96000004063

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

Please return all correspondence concerning this matter to the following:

TIM BORING

Name of Contact Person

Firm/ Company

26 NE 61ST STREET

Address

OCALA, FL 34470

City/ State and Zip Code

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

For further information concerning this matter, please call:

JOHN Q. ADAMS II, CPA

Name of Contact Person

at (352)

237-3200

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2009

JOHN Q. ADAMS II, CPA
3021 S W 27TH AVE (2ND MAILING)
UNIT 2
OCALA, FL 34471

SUBJECT: GREEN RIDGE PROPERTY OWNERS ASSOCIATION, INC.
Ref. Number: N96000004063

We have received your document for GREEN RIDGE PROPERTY 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.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 909A00018928

RECEIVED
2009 JUL 20 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Adams & Company, P.A.

JOHN Q. ADAMS II
Certified Public Accountant

July 7, 2009

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Articles of Amendment for a Florida Not For Profit Corporation
Green Ridge Property Owners Association, Inc.
Ref. Number: N96000004063

Dear Ms. Roberts:

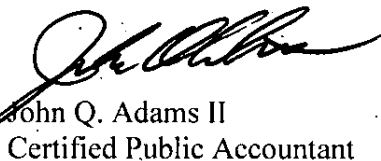
At your request dated June 30, 2009 (see attached), enclosed please find the Articles of Amendment prepared on the Florida Not For Profit Article of Amendment form.

As per the letter, the response is well within the 60 day time period.

Should any other questions or issues arise with regard to this matter, please let me know.

Thank you.

Sincerely,



John Q. Adams II
Certified Public Accountant

JQA/pja
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GREEN RIDGE PROPERTY OWNERS ASSOC., INC.

DOCUMENT NUMBER: N96000004063

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

Please return all correspondence concerning this matter to the following:

TIM BORING

(Name of Contact Person)

(Firm/ Company)

26 NE 61ST STREET

(Address)

OCALA, FL 34470

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

JOHN Q. ADAMS II, CPA

(Name of Contact Person)

at (352) 237-3200

(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
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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

GREEN RIDGE PROPERTY OWNERS ASSOCIATION, INC.

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

N96000004063

(Document Number of Corporation (if known))

FILED
09 JUL 20 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

(Florida street 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VPD</u>	<u>JOE FAUST</u>	<u>6150 NE 2ND PLACE</u> <u>OCALA, FL 34470</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VPD</u>	<u>MEL KUNZ</u>	<u>P.O. BOX 151</u> <u>ORANGE SPRINGS, FL 32182</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>TD</u>	<u>ROBIN MILLS</u>	<u>6225 NE 1ST STREET</u> <u>OCALA, FL 34470</u>	<input checked="" 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)

CONTINUED FROM ABOVE:

DELETE: TD - JOE GROCHOWSKI, 6250 NE 1ST STREET, OCALA, FL (REMOVE)

The date of each amendment(s) adoption: FEBRUARY 1, 2009

(date of adoption is required)

Effective date if applicable: FEBRUARY 1, 2009

(no more than 90 days after amendment file date)

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 MAY 15, 2009

Signature Timothy Boring
(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)

TIMOTHY BORING

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)