

N97000001401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

~~AWARD~~ 12/9



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2011

RAKESH SHARMA  
PALMERSTON, LLC  
390 W SR 434, SUITE 203  
LONGWOOD, FL 32773

SUBJECT: WEKIVA WALK HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N97000001401

We have received your document for WEKIVA WALK HOMEOWNERS ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

- ✓ The document must have original signatures. *done*
- ✓ Please check the appropriate box on the amendment form regarding the adoption of the amendment(s). *done*
- ✓ The date of adoption of each amendment must be included in the document.

*ALL AS OF 8/01/2011 done*  
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) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 811A00024104



Community Association Management At Its Best

OFFICE ADDRESS

390 West S.R. 434  
Longwood, FL 32750

MAILING ADDRESS

P.O. Box 197043  
Winter Springs, FL 32719-7043

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[www.epmservices.com](http://www.epmservices.com)

**Wekiva Walk HOA, Inc.**

November 22, 2011

**FILE COPY**

Florida Department of State  
Division of Corporations  
Attention: Karen Gibson  
PO Box 6327  
Tallahassee, FL 32314

Re; Reference Number N97000001401

Dear Ms. Gibson:

In follow up to our phone conversation today, please find attached the Complete Amendment Package, with Original Signatures, Date of Adoption, and the appropriate box checked off regarding the adoption of the amendment(s).

We were sent this letter, and given 60 days to provide the appropriate information in order to file this document. We sent the check in with our original request \$35.00, which was kept by your office.

The day after this letter was written the department dissolved the Corporation due to no registered agent. During our phone conversation you stated that you would have Corporation reinstated as this was done in error.

If there is any questions or concerns please contact me at your earliest convenience, and thank you so much for your help in this matter.

Sincerely,

Joan Santillo

Accounting Supervisor

Palmerston, LLC

DBA: EPM Services

For: Wekiva Walk Homeowners Association, Inc

Called + Spoke To  
Karen Gibson  
today 12/2/11 about  
this. She is going to  
research why not done  
will call me back, if  
Necessary

Articles of Amendment  
to  
Articles of Incorporation  
of

WEKIVA WALK HOMEOWNERS ASSOCIATION, INC.

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

N97000001401

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* has adopted 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)*

390 W SR 434  
SUITE 203  
LONGWOOD FLORIDA 32750

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

PO BOX 197043  
WINTER SPRINGS FL 32719-7043

**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:

PALMERSTON, LLC

New Registered Office Address:

390 W SR 434, STE. 203

*(Florida street address)*

LONGWOOD

*(City)*

Florida 32750  
*(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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STATE OF 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)*

*All ad of 9/1/11*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
T	MELANIE LIGHT	303 VIEW COURT APOPKA FL 32703	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	JOHN SWINT	390 W SR 434 SUITE 203 LONGWOOD FL 32750	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
S	NERISSA DALEY	390 W SR 434 SUITE 203 LONGWOOD FL 32750	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	KAREN BARRIOS	390 W SR 434 SUITE 203 LONGWOOD FLORIDA 32750	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	KAREN BARRIOS	313 WALK VIEW COURT APOPKA FL 32750	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VPS	NERISSA DALEY	2413 WEKIVA WALKWAY APOPKA FL 32703 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

*MGR HERQUIST EDITH*

*REMOVE*

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

NA

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The date of each amendment(s) adoption: 9/30/11  
*(date of adoption is required)*

Effective date if applicable: NA  
*(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 10/12/2011

Signature Karen Barrios  
*(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)*

*— need original  
Mailed  
11/22/11*

KAREN BARRIOS  
*(Typed or printed name of person signing)*

PRESIDENT DIRECTOR  
*(Title of person signing)*