

19700005605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

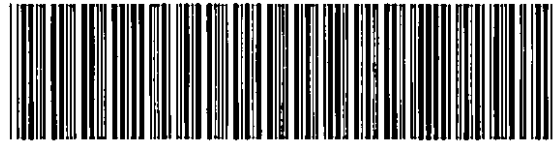
(Business Entity Name)

(Document Number)

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FILED
2018 AUG 20 P 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 22 2018

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ROLLINS DUNES SUBDIVISION HOMEOWNERS ASSOCIATION, INC
DOCUMENT NUMBER: N97000005605

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

Please return all correspondence concerning this matter to the following:

JOHN ROPER

(Name of Contact Person)

(Firm/ Company)

11 ROLLINS DUNES DR.

(Address)

PALM COAST, FL 32137

(City/ State and Zip Code)

JROPER@JROPER.COM

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

For further information concerning this matter, please call:

JOHN ROPER

(Name of Contact Person)

at (407) 628-3000

(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 & Certificate of Status | <input 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

August 9, 2018

JOHN ROPER
11 ROLLINS DUNES DR
PALM COAST, FL 32137

SUBJECT: ROLLINS DUNES SUBDIVISION HOMEOWNERS ASSOCIATION,
INC.
Ref. Number: N97000005605

We have received your document for ROLLINS DUNES SUBDIVISION HOMEOWNERS 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):

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

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 118A00016444

RECEIVED
18 AUG 20 AM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

ROLLINS DUNES SUBDIVISION HOMEDOWNERS ASSOCIATION, INC.

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

N97000005605

(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)

11 ROLLINS DUNES DR.
PALM COAST, FL 32137

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

11 ROLLINS DUNES DR.
PALM COAST, FL 32137

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:

JOHN J. ROPER

11 ROLLINS DUNES DR.

(Florida street address)

New Registered Office Address:

PALM COAST
(City)

Florida 32137
(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:

<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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
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- 1) ☐ Change ☐ Add ☒ Remove
P CHRISTOPHER C. GOODFELLOW 18 ROLLINS DUNES DR
PALM COAST FL 32137
- 2) ☒ Change ☐ Add ☐ Remove
P JOHN J. ROPER 11 ROLLINS DUNES DR.
PALM COAST, FL 32137
- 3) ☒ Change ☐ Add ☐ Remove
✓ CHRISTOPHER POOLE 3 ROLLINS DUNES DR.
PALM COAST, FL 32137
- 4) ☐ Change ☒ Add ☐ Remove
ST WANDA M. JAMES-CHRISTIE 7 ROLLINS DUNES DR.
PALM COAST, FL 32137
- 5) ☐ Change ☐ Add ☐ Remove
- 6) ☐ Change ☐ Add ☐ 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: _____, if other than the date this document was signed.

Effective date if applicable: 7-1-18
(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 7-10-18

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)

Christopher Poole
(Typed or printed name of person signing)

Director / Sect HOA
(Title of person signing)