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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 29 PM 12:39

Roberts JUL 06 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE PINES HOME OWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

H. Elaine Crake
(Name of Contact Person)

The Pines Home Owners Association, Inc.
(Firm/ Company)

36024 Lodgepole Pine Dr.
(Address)

Dade City, FL 33525
(City/ State and Zip Code)

pollytbw@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

H. Elaine Crake at (352) 523-0953
(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:

☐ \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 29 PM 12:39

The Pines Home Owners Association, Inc.

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

(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)

36024 LODGEPOLE PINE DRIVE
DADE CITY,
FLORIDA 33525

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

36024 LODGEPOLE PINE DRIVE
DADE CITY,
FLORIDA 33525

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: H. ELAINE CRAKE

New Registered Office Address: 36024 LODGEPOLE PINE DRIVE
(Florida street address)

DADE CITY, Florida 33525
(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.

H. Elaine Crake
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>
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PRESIDENT	H. ELAINE CRAKE	36024 LODGEPOLE PINE DR. DADE CITY, FLORIDA, 33525	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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VICE-PRESIDENT	FRAN OLEARY	36011 LODGEPOLE PINE DR. DADE CITY FLORIDA, 33525	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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TREASURER	SANDRA M. MILLER	36137 LODGEPOLE PINE DR. DADE CITY FLORIDA, 33525	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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SECRETARY	JOHN HOFER	36134 SERBIA SPRUCE DR. DADE CITY, FLORIDA 33525	
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E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Please remove:

PRESIDENT: KATHY STAYBROOK

VICE PRESIDENT: CHUCK MILLER

TREASURER: PATTI TITSWORTH

SECRETARY: FRAN OLEARY

The date of each amendment(s) adoption: JUNE 13, 2009
(date of adoption is required)
Effective date if applicable: JUNE 13, 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 JUNE 13, 2009

Signature H. Elaine Crake
(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)

H. ELAINE CRAKE
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)