

19800005280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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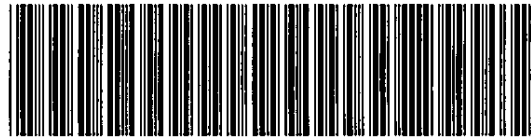
(Business Entity Name)

(Document Number)

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2017 MAY -4 P 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 09 2017
T. LEMIEUX

COVER LETTER

TO: Amendment Section,
Division of Corporations

NAME OF CORPORATION: ASHLEY GROVE HOMEOWNERS ASSOCIATION INC.

DOCUMENT NUMBER: N98000005280

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

Please return all correspondence concerning this matter to the following:

JACQUELINE RESSA

(Name of Contact Person)

(Firm/ Company)

5123 KENSINGTON HIGH ST.

(Address)

NA PLES FLORIDA 34105

(City/ State and Zip Code)

jackieressa@mac.com

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

For further information concerning this matter, please call:

JACKIE RESSA

(Name of Contact Person)

at 516 445-6785

(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 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

Articles of Amendment
to
Articles of Incorporation
of

ASHLEY GROVE HOMEOWNERS ASSOCIATION INC.

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

N 98000005280

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

JACQUELINE PESSA
5123 KENSINGTON HIGH ST.
NAPLES, FL 34105

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)

(City)

Florida

(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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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> 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>(PRES)</u> | <u>(JOE FEDORYK)</u>
<u>JOSEPH N. FEDORYK</u> | <u>5117 KENSINGTON HIGH ST.</u>
<u>NAPLES, FL 34105</u> |
| 2) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>TERRY MARSH</u> | <u>5127 KENSINGTON HIGH ST.</u>
<u>NAPLES, FL 34105</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S/TR</u> | <u>JACQUELINE RESSA</u> | <u>5123 KENSINGTON HIGH ST.</u>
<u>NAPLES, FL 34105</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 | _____ | _____ | _____ |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

ASHLEY GROVE HOMEOWNERS ASSOCIATION

MINUTES OF ANNUAL MEETING

APRIL 24, 2017

Held at the Home of Nan and Terry Marsh

ORDER OF BUSINESS:

1. THE SLATE OF OFFICERS:

President	Terry Marsh
Vice President	Marie Harris
Secretary/Treasurer	Jacqueline Ressa

The slate was passed unanimously.

2. 2016 Income Tax Return was completed by H.R.Block signed and mailed

3. Ann Nichols, a member of the KPMA Landscaping committee, notified us that KPMA is in fact responsible for the property 20 feet from the fence in. If you have any questions or concerns regarding a work being done in that are of your property please contact Ann at 239-403-8088

4. Thank you to Joe Fedoryk for his years of service to the Ashley Grove HOA, it was greatly appreciated by all.

Meeting Adjourned

Respectfully submitted,

Jacqueline Ressa, Secy.

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

Effective date if applicable: _____
(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 5/1/17

Signature Jacqueline Ressa
(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)

Jacqueline Ressa
(Typed or printed name of person signing)

Secy/Treas.
(Title of person signing)