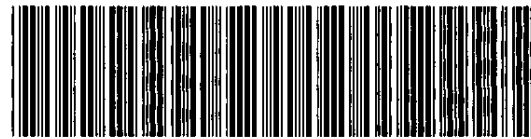


NID5000005800



200186735232

10/18/10--01022--011 **35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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TALLAHASSEE, FLORIDA
10 NOV - 1 AM 8:15

Amend
10/11/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Santa Fe Homeowners' Association of Baker County, Inc.

DOCUMENT NUMBER: N 05000005800

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

Please return all correspondence concerning this matter to the following:

Amy Layne, CAM
Name of Contact Person

First Coast Association Management
Firm/ Company

11555 Central Parkway, Suite 801
Address

Jacksonville, FL 32224
City/ State and Zip Code

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

For further information concerning this matter, please call:

Alice Hubbard at (904) 998 5365
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2010

AMY LAYNE, CAM
FIRST COAST ASSOCIATION MANAGEMENT
11555 CENTRAL PARKWAY - SUITE 801
JACKSONVILLE, FL 32224

SUBJECT: SANDS POINTE HOMEOWNERS' ASSOCIATION OF BAKER
COUNTY, INC.
Ref. Number: N05000005800

We have received your document for SANDS POINTE HOMEOWNERS'
ASSOCIATION OF BAKER COUNTY, 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.

AN OFFICER OF THE CORPORATION MUST SIGN THE FORM ALONG WITH
THE NAME AND TITLE TYPED/PRINTED BELOW THE SIGNATURE.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 310A00024657

RECEIVED
OCT 22 2010

Articles of Amendment
to
Articles of Incorporation
of

Santa Poincê Hammers Association of Baker County, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N 05000005800

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 NOV - 1 AM 8:18

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>
VP	Marice Rudolph		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Christen Montgomery	1555 Central Parkway Suite 801 Jacksonville, FL 32224	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input 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)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 10 / 5 / 2010
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

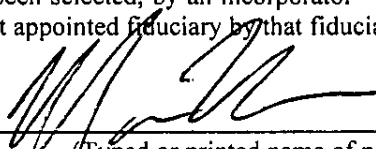
Adoption of Amendment(s) **(CHECK ONE)**

- 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 10/27/10

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)

 Marcus Meide
(Typed or printed name of person signing)

President
(Title of person signing)