## 105000007049

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Anend C.COULLIETTE

OCT 29 2009

**EXAMINER** 

## • COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Wekiva Run Homeowners Association,
DOCUMENT NUMBER: N0500007049
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janice C. Armstorg (Name of Contact Person)
Greystone Management Company, Inc.
1936 Lee Road-Suite 250 (Address)
Winter Park, PL 32789 (City/State and Zip Code)
Service @ ove 45tone - mant. Com E-mail address) (to be used for future annual report notification)
For further information concerning this matter, please call:
Tanice C. Armstrong at (407) 10U5-49U5 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{\$43.75 Filing Fee & Certificate of Status}\$\$ Certificate of Status (Additional copy is enclosed) \$\text{\$43.75 Filing Fee & Certificate of Status}\$\$ (Additional copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

Wekiva Homeou	uners As	ssociation	Inc.	
(Name of Corporation as cu	rrently filed with	the Florida Dept. of S	itate)	
<u>N050000</u>	07049			
(Document N	umber of Corporat	ion (if known)		
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of	Incorporation:		Profit Corporation	adopts
A. If amending name, enter the new name	of the corporatio	<u>n:</u>		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	or "Co." may not	"corporation" or "in be used in the name.	scorporated" or the	
B. Enter new principal office address, if a (Principal office address MUST BE A STRE	<u>SET ADDRESS</u> )			
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)  D. If amending the registered agent and/or new registered agent and/or the new re-	TCE BOX) registered office		SEURETARY OF STARE of the name	- Property of the second of th
Name of New Registered Agent:  New Registered Office Address:	1936 Le	da street address)		
	Winter	(City)	, Florida <u>32</u> 7 (Zip Code)	-89
New Registered Agent's Signature, if chang I hereby accept the appointment as register position.			ept the obligations	of the
_	Signature of New	Registered Agent, if ch	nanging	

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>	Name G	Address	Type of Action
<u>15</u>	Campbell, Justin	300 Colonial Ctr. PK Suite 200 Laxe Mary, Pl 327	Remove
<u>TS</u>	Lapointe, Chris	300 Colonial Ctr. Pkwy Suit 200 Laxe Mary, Fl 32746	☐ Remove
			☐ Add ☐ Remove
E. If amend	ling or adding additional Articles, enter	change(s) here:	
	dditional sheets, if necessary). (Be speci		
		· · · · · · · · · · · · · · · · · · ·	
		-	

The date of each amendment(s) add	option: <u>69-28-69</u>
•	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopwas/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)
There are no members or member adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were
Dated	309 DWGL
	nairman or vice chairman of the board, president or other officer-if directors
	been selected, by an incorporator - if in the hands of a receiver, trustee, or
other cour	rt appointed fiduciary by that fiduciary)
_	Sylvia O. McCook
	(Typed or printed name of person signing)
, 	VPOF Wetiva Run MOA
	(Title of person signing)