

(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



900318813129

10/01/18--01041--012 \*\*35.00

And

R. WHITE OCT 0 4 2018

2018 OCT -1 PM 12: 39 SEGRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	WOODRIDGE EST.	ATES PROPERTY (	OWNERS ASS	SOCIATION, INC.
DOCUMENT NUMBER:	N05000010192			
The enclosed Articles of Am		nitted for filing.	<del></del>	
Please return all corresponde		•		
Robert A. Lash				
		(Name of Contact Pe	erson)	
Moody, Salzman, Lash & L	ocigno P.A.			
	<del>-</del>	(Firm/ Company	<b>(</b> )	
2770 NW 43rd Street Suite	A			
<del></del>		(Address)	<del></del>	
Gainesville, FL 32606				
· · · · · ·		(City/ State and Zip	Code)	
donna@moodysalzman.con	1			
Е	-mail address: (to be used	for future annual rep	ort notificatio	n)
For further information conc	erning this matter, please	call:		
Robert A Lash		at	352	373-6791
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida I	Department of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif (Addi	0 Filing Fee ficate of Status ied Copy tional Copy is osed)
Mailing A		Str	reet Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED
2018 OCT - 1 PM 12: 39

WOODRIDGE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

rrently filed with the F	lorida Dept. of State) A LEARASSEE, STATE
	THIASSEE, FAI
iumber of Corporation (i	f known)
atutes, this Florida Not	For Profit Corporation adopts the following
oration:	
	The new
poration" or "incorpora	ted" or the abbreviation "Corp." or "Inc."
n/a	
<u>ESS</u> )	
	· · · · · · · · · · · · · · · · · · ·
n/a	
office address in Floric	la, enter the name of the
ice address:	
	(Florida street address)
	Florida
(City)	(Zip Code)
ered Agent: m familiar with and acce	pt the obligations of the position.
Signature of New Res	ristered Agent, if changing
	atutes, this Florida Not  oration:  n/a  n/a  office address in Floridice address:  (City)  ored Agent:  m familiar with and acce

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: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Manuel Manresa	PO Box 770114
Add			Ocala, FL 34477
X Remove			
2) Change	VP	Fred Vyse	11281 SE 37th Avenue Road
Add			Belleview, FL 34420
X Remove			
3 ) Change	P	David Hayhurst	11178 SE 37th Avenue Road
X Add			Belleview, FL 34420
Remove			
4) Change	<u>v</u> p	Kevin Earnest	11430 SE 37th Avenue Rd
Add			Belleview, FL 34420
Remove			
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				
-				
		<del></del>		
		<del>-</del>		
	· · · · ·			
		<del></del>		
<u> </u>				
		<del></del>		

735	September 17, 2018	
dat	te this document was signed.	, if other than the
Eff	Tective date if applicable:	
	(no more than 90 days after amendment file date)	
<u>No</u> doc	ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not cument's effective date on the Department of State's records.	be listed as the
Add	loption 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 September 25, 2018	
	Signature cult fugtin	
	(By the chairman or nee 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)	_
	David Hayhurst	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	