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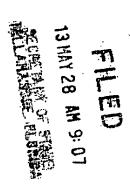
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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MAY 3 0 2013 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations HERON BAY AT WATERSTONE HOMEOWNERS ASSOCIATION, INC. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Steve Chuilli (Name of Contact Person) Capital Realty Advisors, Inc. (Firm/ Company) 600 Sandtree Drive, Suite 109 Palm Beach Gardens, FL 33403 (City/ State and Zip Code) schuilli@capitalrealtyadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steve Chuilli Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) 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

HERON BAY AT WATERSTONE HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. o	f State)
N0600001314	
(Document Number of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florid</i> amendment(s) to its Articles of Incorporation:	a Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "inco 'Company" or "Co." may not be used in the name.	orporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	WAR OF OR
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Matting address MAY BE A POST OFFICE BOX)	3
	م بھی ہے۔
If amanding the registered agent and/on resistance office address in	
 If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address: 	Florida, enter the name of the
Name of New Registered Agent:	
nume of New Registered Agent.	
(Florida street a	divarri
New Registered Office Address:	auressy
	, Florida
(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with an	d accept the obligations of the position.
	· • • • • • • • • • • • • • • • • • • •
Signature of New Registered Agent, i	f changing

Page 1 of 4

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		Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>VP</u>	Ken DeLaTorre	12311 WALDEN CENTER DRIVE, SUITE 300
Add Remove			BONITA SPRINGS, FL 34134
Remove	\		
2) Change	<u>VP</u>	Chris Hasty	12311 WALDEN CENTER DRIVE, SUITE 300
X Add			BONITA SPRINGS, FL 34134
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if neces	isary). (Be	specific)				
			 			
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			<u>.</u>		 -	
			•			
					<u></u>	
				-		

The date of each amendment(s) a	workion
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 20 days after amenament free date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or mem adopted by the board of direct	obers entitled to vote on the amendment(s). The amendment(s) was/were tors.
adopted by the board of direct	tors.
adopted by the board of direct	
Dated Signature (By the chain have not be	tors.
Dated Signature (By the chain have not be other court	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or