

N06000006450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

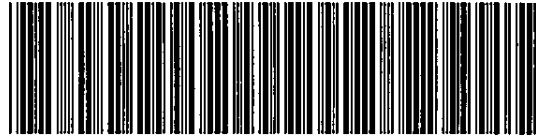
(Business Entity Name)

(Document Number)

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06 DEC - 8 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Amend.

12/11/06

DC

KAPLAN LAW FIRM, P.L.

ATTORNEY AND COUNSELOR AT LAW

950 S. Winter Park Drive, Suite 350-B
CASSELBERRY, FLORIDA 32707

Tel (407) 260-5432 • Fax (407) 260-5468

jkaplan@kaplanlawfirm.us
lpenton@kaplanlawfirm.us

JEFFREY L. KAPLAN, ATTORNEY
LISA K. PENTON, LEGAL ASSISTANT

December 7, 2006

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

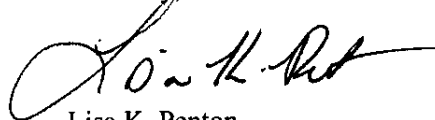
**RE: Amendment to Articles of Incorporation/
Cypress Pointe of Polk County Homeowners' Association, Inc.**

Dear Sir or Madam:

Please find the enclosed an original Articles of Amendment to Articles of Incorporation for Cypress Pointe of Polk County Homeowners' Association, Inc. I have also enclosed this firm's Check No. 1131 in the amount of \$35.00 for the filing fee.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,



Lisa K. Penton
Legal Assistant

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Cypress Pointe of Polk County Homeowners' Association, Inc.

DOCUMENT NUMBER: N06000006450

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

Please return all correspondence concerning this matter to the following:

Jeffrey L. Kaplan

(Name of Contact Person)

Kaplan Law Firm, P.L.

(Firm/ Company)

950 S. Winter Park Drive, Suite 350-B

(Address)

Casselberry, Florida 32707

(City/ State and Zip Code)

For further information concerning this matter, please call:

Jeffrey L. Kaplan

(Name of Contact Person)

at (407) 260-5432

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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

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

Cypress Pointe of Polk County Homeowners' Association, Inc.

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

N06000006450

(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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

The Principal address, Mailing address and Officer/Director address shall be

215 Celebration Place, Suite 500, Celebration, FL 34747

06 DEC - 8 PM 4: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

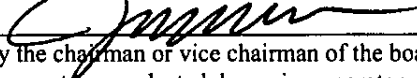
The date of adoption of the amendment(s) was: December 7, 2006

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 was sufficient for approval.

There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

Jeffrey L. Kaplan
(Typed or printed name of person signing)

Incorporator
(Title of person signing)

FILING FEE: \$35