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SECPETARY OF STATE DIVISION OF CORPORATIONS

Donamo

MAY 25 2017

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	ners Association,	Inc.			
DOCUMENT NUMBER:					
The enclosed <i>Articles of Amendment</i> and fee are submitted.	ed for filing.				•
Please return all correspondence concerning this matter to	the following:				
Juliette E. Coleman					
(N	ame of Contact Pe	rson)			
Shakett Island Homeowners Association, Inc.	•				
	(Firm/ Company	<u>')</u>		, , , , , , , , , , , , , , , , , , , 	
877 Hillcrest Drive					
	(Address)				
Nokomis, FL 34275					
· (Cl	ty/ State and Zip (Code)			
shakett.islandhoa@gmail.com					0
E-mail address: (to be used for	future annual rep	ort notil	leation)	11 55°C
For further information concerning this matter, please call	1				音 配
Juliette E. Coleman	at	941		416-5537	
(Name of Contact Person)		(Area C	ode)	(Daytime Teleph	one Number)
Enclosed is a check for the following amount made payab	le to the Florida E)opartmo	ent of S	tate:	one Number) 4 9: 57
(4	43.75 Filing Foe Cortified Copy Additional copy in enclosed)	ì	Certifi Certifi	Filing Fee pate of Status ed Copy ional Copy is sed)	7

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

Shakett Island Homeowners Association, Inc.

(Name of Corporation	n as curren	tly filed with t	<u>he Florida Dept</u>	. of State)	
N9700006404					
(Document)	ment Numb	er of Corporation	on (if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida</i>	Not For Profit C	Corporation adopts t	he following
A. If amending name, enter the new name of the	e corporati	ion:			
				•	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incor	porated" or the o	abbreviation "Corp.	
B. Enter new principal office address, if applicable:		877 Hillcrest l	Drive		
		Nokomis, FL	34275		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	PO Box 222			
		Laurel, FL 34	272		

D. If amending the registered agent and/or reginew registered agent and/or the new registered.			lorida, enter the	name of the	54.
	Juliette Coleman			ÇD	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	 		
	877 Hiller	est Drive	, (Florida street	address)	<u>က</u>
New Registered Office Address:			, (—
	Nokomis		s	, Florida	5
·		(City)		(Zip Code)	
New Registered Agent's Signature, if changing I					
hereby accept the appointment as registered agen	nt. Tam fan	niliar with and	accept the oblige	ations of the position	i.
-	Sig	gnature of New	Registered Agei	nt, if 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	PT John D Y Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) Change		Pamela Kundert - RESIGNED	894 Hillcrest Drive
Add			Nokomis, FL 34275
X Remove		•	
2) Change	·	Diana Cantillo - RESIGNED	886 Hillcrest Drive
Add			Nokomis, FL 34275
X Remove			
3) X Change	<u>P</u>	Rosenanette Druckman	849 Hillcrest Drive
Add			Nokomis, FL 34275
Remove		•	
4) Change	VP	Steve Pelke	885 Hillcrest Drive
X Add			Nokomis, FL 34275
Remove			
5) Change	T	Sandra Pridemore	857 Hillcrest Drive
X Add			Nokomis, FL 34275
Remove			
6) Change	<u>s</u> .	Juliette Coleman	877 Hillcrest Drive
X Add			Nokomis, FL 34275
Remove			

E. (E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
7)	x_	Add	Director	Robert Brackett	858 Hillcrest Drive, Nokomis, FL 34275		
				•			
							
					·		
	·						
							
				#1-#1-#1-#1-#1-#1-#1-#1-#1-#1-#1-#1-#1-#			
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					·		
		· · · · ·					
							
				The state of the s			

The date of each amendment(s) :	May 9, 2017 (date of board member elections)	if ather than the
late this document was signed.	idopuon:	, if other than the
Ma Effective date <u>if applicable</u> :	y 9, 2017	
· ·	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	•
The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.	
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were stors.	
Dated	15/2017	
Signature	White Coleman	· _
(By the c)la have not b	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 t appointed fiduciary by that fiduciary)	
Juliette	E. Coleman	
 	(Typed or printed name of person signing)	
Secreta	ry	
·	(Title of person signing)	