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## **COVER LETTER**

**TO:** Amendment Section y Division of Corporations

NAME OF CORPORATION: SUMMER E	Brook Presepte Hon	MEOWNERS ASSOCIATION
DOCUMENT NUMBER: <u>V990000</u>	0101	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
ROBERT NICOLETTE	Contact Person)	
(Firm	/ Company)	
2682 ENGLEWO	Address)	
MELBOUENE FL.	32940 te and Zip Code)	<del></del>
E-mail address: (to be use	AOL.COM d for future annual report notific	cation)
For further information concerning this matter, please	c call:	
Robert Nicolette (Name of Contact Person)	at ( <u>321</u> ) <u>254</u> (Area Code & Dayti	1-5265 ime Telephone Number)
Enclosed is a check for the following amount made p		
\$35 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 Corporati Clifton Building 2661 Executive Cente	ions

Tallahassee, FL 32301

## **Articles of Amendment**

2009 JUN-3 AM 8:09

Articles of Incorporation Summer Brook treserve Homeowners (Name of Corporation as currently filed with the Florida Dept. of State N9900000101 (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: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 2682 ENGLEWOOD DR B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MRLBOURNE FL 32940 C. Enter new mailing address, if applicable: 2682 ENGLEWOOD DR (Mailing address MAY BE A POST OFFICE BOX) MRIBOURNE FL. 32940 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: ROBERT NICOLETTE Name of New Registered Agent: 2682 ENGLEWOOD New Registered Office Address: (Florida street address) MELBOURNE

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

removed and	he Officers and/or Directors, enter the title, name, and address of each Office onal sheets, if necessary)		rector being
Title	Name	Address_	Type of Action
Prope	DAVID ROACH		Add  Remove
TRRS.	Elizabeth Mc Cabe		Add Remove
SRC.	TEANETTE EGERTON		Add Remove
	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specificational sheets)		
DAVID	Roach is to Be 1	CRIMOVED AS PRA	BIDENT
ROBERT	Nicoletta is to BE	ADDRD 193 PRESID	ENT
	- 10-10-10-10-10-10-10-10-10-10-10-10-10-1		

The date of each amendment(s) adoption: April 22, 2009
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(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 May 27, 2009 Signature Roll Druth
(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, o other court appointed fiduciary by that fiduciary)
ROBERT NICOLETE  (Typed or printed name of person signing)
PRESIDENT (Title of person signing)