

N93000003526

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TALLAHASSEE, FLORIDA

Amend.

08-17-11

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bonneville Pines Homeowners Association, Inc.

DOCUMENT NUMBER: N93000003526

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

Please return all correspondence

UNIVERSITY WOODS
BONNEVILLE PINES HOA INC.
WWW.UNIVERSITYWOODSBPHOA.COM
PHONE/FAX: (407) 440-3687

Dear Ms. Darlene Connell

I'm sending a check of \$875
for a Certified copy.

Ms. Connell please send

this to the Mailing Address

PO Box 679147

Orlando FL 32867

Thank you,

Milda Arroyo

Director & Vice President

board@universitywoodsphoa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Athridge, Louis o

(Name of Contact Person)

at (407) 381-4918

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2011

LOUISE O. ATHRIDGE
13726 GLASSER AVE.
ORLANDO, FL 23826

SUBJECT: BONNEVILLE PINES HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N93000003526

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 711A00018370

RECEIVED
11 AUG 15 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

Bonneville Pines Homeowners Association, Inc.

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

N93000003526

(Document Number of Corporation (if known))

FILED
M AUG 15 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

13726 Glasser Avenue

Orlando, FL 32826

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 679147

Orlando, FL 32867

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:

Name of New Registered Agent:

Athridge, Louis o

New Registered Office Address:

13726 Glasser Avenue

(Florida street address)

Orlando,

(City)

Florida 32826

(Zip Code)

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

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

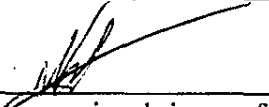
[illegible]

The date of each amendment(s) adoption: June 14, 2011
(date of adoption is required)
Effective date if applicable: immediately
(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 8-11-11

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)

Nilda Arroyo
(Typed or printed name of person signing)

Director & Vice President
(Title of person signing)