717479

(Re	questor's Name)	
(Åd	dress)	
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C. CARROTHERS

COVER LETTER 3

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	Spring Lake Associati	ion, Inc.		
	717479			
DOCUMENT NUMBER:				
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
Gerald Gray				
	(Name of Contact P	erson)	
Spring Lake Association, In	c			
		(Firm/ Compan	y)	
115 Springwood Pl,				
		(Address)		
Altamonte Springs, FL 327	4			
	(City/ State and Zip	Code)	· · · · · · · · · · · · · · · · · · ·
jerry@mygray.com				
E	-mail address: (to be used	for future annual re	port notification	1)
For further information conc	erning this matter, please c	all:		
Gerald Gray		aí	407	312.6007
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida	Department of	State:
\$35 Filing Fee	□\$43.75 Filing Fee & C Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A Amendme Division o P.O. Box (nt Section f Corporations	A: D	reet Address mendment Sect vision of Corpo ifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Spring Lake Association, Inc.			
(Name of Corporation as curre	ntly filed with the Flo	rida Dept. of State)	
717479			
(Document Num	ber of Corporation (if k	cnown)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fe</i>	or Profit Corporation adopts the f	ollowing
A. If amending name, enter the new name of the corpora	tion:		
$\mathcal{N}A$			The new
name must be distinguishable and contain the word "corpor	ation" or "incorporate	d" or the abbreviation "Corp." o	r "Inc."
"Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	_ <i>N/A</i>		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	()		
C. Enter new mailing address, if applicable:		3>	ം മ
(Mailing address MAY BE A POST OFFICE BOX)	<u> /V/A</u>	,	
	·	ź	
			<u>>></u>
			-
			E STATE
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		, enter the name of the	¥ ;
	<u> </u>		<u> </u>
Name of New Registered Agent:	WH		_
	(F	lorida street address)	
New Registered Office Address:		,	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		t the obligations of the position.	
	N/A		
	Signature of New Regis	stered Agent, if changing	

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	V Mi	nn <u>Doe</u> ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Brian Pelski	175 Spring Lake Hills Drive
xAdd			Altamonte Springs, FL 32714
Remove			
2) Change	PD	Clifton Fancher	100 Rollingwood Trail
, Add			Altamonte Springs, FL 32714
x Remove			
3) Change	VD	Gordon Horn	280 West Spring Lake Drive
x Add			Altamonte Springs, FL 32714
Remove			
4) Change	SD	Michael Culver	105 Destiny Trail
x Add			Altamonte Springs, FL 32714
Remove			
5) Change	SD	Judith Shujman	220 Lake Destiny Trail
Add			Altamonte Springs, FL 32714
x Remove			
6) Change	D	Dietgart Schenker	385 Spring Lake Hills Drive
Add			Altamonte Springs, FL 32714
X Remove			

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 Doe V Mike Jones SV Sally Smith		,
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	Christina Kimmel	140 Rollingwood Trail
Add			Altamonte Springs, FL 32714
X Remove			
2) Change	TD	Craig Gilardi	200 North Spring Lake Drive
x Add			Altamonte Springs, FL 32714
Remove			
3) Change	D	Steven Arthurs	115 Destiny Cove
x Add			Altamonte Springs, FL 32714
Remove			
4) Change	D	Sarafaith Pekor	195 Spring Lake Hills Drive
x Add			Altamonte Springs, FL 32714
Remove			
5) Change	D	David Holzman	360 Spring Lake Hills Drive
x Add			Altamonte Springs, FL 32714
Remove			
•			
6) Change			
Add			·
Remove		L	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		·
N/A		
		<u></u>
		

			11/19/2015				
The	date of each amendment	(s) adoption:					if other than the
dațe	this document was signed.						
	, ,	11/19/2015					
Effe	ective date <u>if applicable</u> :						
		(ne	o more than 90 da	ys after amendme	nt file date)		
	e: If the date inserted in thument's effective date on the			able statutory filio	ng requirements, thi	is date will not be	listed as the
Add	option of Amendment(s)	((CHECK ONE)				
	The amendment(s) was/w was/were sufficient for ap		y the members and	the number of vo	tes cast for the ame	ndment(s)	
	There are no members or adopted by the board of d		led to vote on the a	mendment(s). The	he amendment(s) w	as/were	
	have n other o	Chairman or vot been selected		tor – if in the han	or other officer-if of ds of a receiver, tru		
			/m 1				
			(1 ypea or pi	rinted name of per	rson signing)		
	Pre	sident					
	-		(Title of person si	gning)		