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## **COVER LETTER**

TO: Amendment Section Division of Corporations PINE VIEW ASSOCIATION | | NC ' NAME OF CORPORATION: 719693 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LISA STERN (Name of Contact Person) PINE VIEW ASSOCIATION , \ \\C ' (Firm/ Company) I PYTHON PATH (Address) OSPREY, FL 34229 (City/ State and Zip Code) treasurer@yourpva.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LISA STERN 587-7844 (Name of Contact Person) (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed)

(Additional Copy is

## Articles of Amendment to Articles of Incorporation of

PINE VIEW ASSOCIATION, INC.

(Name of Corporation as currently filed with the F	lorida Dept. of State)	
719693		
(Documen	it Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Floridannendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	2:	
(Principal office address MUST BE A STREET ADI	DRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	·
		<u>:</u>
		ρŪ
D. If amending the registered agent and/or register	red office address in Florida,	enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:	LISA STERN	
	1 PYTHON PATH	
New Registered Office Address:	(Fla	ridu street address)
<u>үчем кединеген Опис лишгыз</u> .	OSPREY	34229
_	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg	eistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept t	he obligations of the position.
	M	
<del></del>	Signature of New Registe	red 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	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change Add	P	CHAU	HAN, ISA	1 PYTHON PATH OSPREY, FL 34229
× Remove				
2) Change Add	V	WEST, RA	ACHEL	1 PYTHON PATH OSPREY, FL 34229
x Remove 3) Change Add x Remove	_\$	BODOR, I	HEIDI	OSPREY, FL 34229
4) Change Add	P	KIRSCH,	KAREN	1 PYTHON PATH OSPREY, FL 34229
Remove  5) Change	<u>v</u>	PINTO, SA	ABINE	1 PYTHON PATH OSPREY, FL 34229
Remove 6) Change Add	_ <u>V</u>	HANNON	, BRIDGET	1 PYTHON PATH OSPREY, FL 34229
E. If amending or a	adding additional sheets, if necessar	Articles, enter o y). (Be specifi	change(s) here:	
ADD S (secre	tary) YU, WO	OOMEE	1 PYTHON PATH	OSPREY, FL 34229
OFFICERS REMAI	NING ON THE BO	DARD:		
			i PYTHON PATH 'C	OSPREV FL 34229
T (treas	urer) STERN, L	ion		
V (vice	nresident) HARRI	S. SUSAN	I PYTHON PATH (	OSPREY, FL 34229

The date of each amendment(s) adoption: 12020, if other than the
The date of each amendment(s) adoption: , if other than the date this document was signed.
date this document was signed.
11/1 1.2020
Effective date if applicable: 1, 2020  (no more than 90 days after amendment file date)
(no anore than 90 days after amenament fite date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
Note: If the date inscribed in this block does not inter the approach states y ming requirement of state's records
document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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 8/20/20
Signature
(By the changed evice 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)
LISA STERN
(Typed or printed name of person signing)
treasurer

(Title of person signing)