726945

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 53 ST John	05 River Club A	SSOCIATION INC		
DOCUMENT NUMBER: 726945	<u> </u>			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter	to the following:			
Amy WHITE	MARSH CP ontact Person)	'A		
Amy B. Whi	tmarsh, C.P.A., P.A.			
432 Winkles	OPPANDE, Suite A			
DeLand,	Florida 32720			
(Add	iress)			
(City/ State and Zip Code) Amy Deland @ Aol. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please ca	·	,		
Amy Wh TM ARSH OPA (Name of Contact Person)	at (<u>386</u>) 734/ (Area Code & Daytime	Telephone Number)		
Enclosed is a check for the following amount made paya	able to the Florida Department of	State:		
\$35 Filing Fee \$\text{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	Street Address	,		
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Ci	rcle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

53 ST. Johns	River Cli	ub Associa	TION, INC.
(Name of Corporation as curr			
7.2	645		
	nber of Corporati	on (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		this <i>Florida Not For I</i>	Profit Corporation adopts
A. If amending name, enter the new name o	f the corporation	n <u>:</u>	
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" or			corporated" or the
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			100 E
			THE THE
D. If amending the registered agent and/or i	registered office	address in Florida, en	ter the name of the
new registered agent and/or the new regi			SE S
Name of New Registered Agent:			- DEFE
New Registered Office Address:	(Florid	da street address)	_
	·· ··········· ·······················		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changi hereby accept the appointment as registered position.			pt the obligations of the
	Signature of New	Registered Agent, if ch	anging

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
fres		72329 River Hobe Teland, FL	Add Add Remove
Pres	RAYMOND BURGER	1610 SW 5Th A POMPADO BEA FL 33060	← Add CH□ Remove
			_ □ Add _ □ Remove
	nding or adding additional Articles, enter additional sheets, if necessary). (Be specificational sheets)		
white the second			
	•		

The data of each amoudment(s) adopti	6/21/11
The date of each amendment(s) adoption	(date of adoption is required)
Effective date if applicable:	(wate by adoption to required)
	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were
Dated_06/21/11	······································
Signature	smond ABugu
(By the chairff have not been	nan or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)
	RAYMOND G. BURGER
***************************************	(Typed or printed name of person signing)
	ASSOCIATION PRESIDENT
	(Title of person signing)

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