727123

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Condominium Associati	on Inc	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Barabra McCaffrey	(Name of Contact Pers	Coffee	•
	(Name of Contact Pers	oh)	
	(Firm/ Company)		
7513 W Seven Rivers Dr			
- · · · · · · · · · · · · · · · · · · ·	(Address)	-	
Crystal River, FL 34429			
	(City/ State and Zip Co	ide)	
srcclhoa@gmail.com			
E-mail address: (to be used	for future annual repor	t notification	n)
For further information concerning this matter, please	call:		
Joanne Cacyuk	3 at	52	422-1795
(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida De	partment of	State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi) Filing Fee cate of Status led Copy tional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divis The	et Address adment Section of Corpo Centre of Ton Monroe	orations

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Country Club Lane Condominium Assoiation Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 727123 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the f amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A 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. C/O Sandra Phillips B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 9805 N Stafford Dr Citrus Springs, FL 34433 C. Enter new mailing address, if applicable: Same (Mailing address MAY BE A POST OFFICE BOX) 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: Sandra Phillips Name of New Registered Agent: 9805 N Stafford Dr (Florida street address) New Registered Office Address: Citrus Springs Florida (Citv) 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

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 De V Mike Je SV Sally St	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) × Change Add	PSTD	Sandra Phillips	9805 N Stafford Lane Citrus Springs, FL 34433
Remove			
2) Change Add	D	Josephine Bessler	1569 W Seven Rivers Dr
X Remove Change		Thomas Commothy	1515 W Seven Rivers D Crystal River
4) Change Add			
Remove			
5/ Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
	<u>. </u>		
			

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The date of each amendment(s) adoption:ate this document was signed.	, if other than the
or at a second second	
ffective date if applicable: (no more than 90 days after amendment)	or Cl. Inc.
(no more than 90 days after amendme)	ni jue dale)
<u>ote:</u> If the date inserted in this block does not meet the applicable statutory fillingument's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
comment a creedity date on the expartment of state's records.	

loption of Amendment(s) (<u>CHECK ONE</u>)

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 4-28-2022
Signature Balow Mac offry
(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)
BArbara MCAFFREY
(Typed or printed name of person signing)

Parsident
(Title of person signing)