## 730499

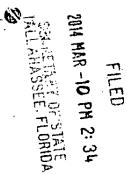
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Shadowlawn C	Condomini	um Association, Inc
DOCUMENT NUMBER: 730499		,
The enclosed Articles of Amendment and fee are submitted	or filing.	
Please return all correspondence concerning this matter to the	following:	
Thomas McGuigan		
(Name	of Contact Persor	n)
Shadowlawn Condominium	<b>Associa</b>	tion, Inc
The state of the s	irm/ Company)	
923 22nd Place #101		
	(Address)	
Vero Beach, FL 32960		
(City/	State and Zip Code	e)
shadowlawn.treasure	er@gmai	il.com
E-mail address: (to be used for fut	ure annual report i	notification)
For further information concerning this matter, please call:		
Thomas McGuigan	<sub>at</sub> 585	747-3727 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made payable t	o the Florida Depa	rtment of State:
(Ad	75 Filing Fee & ified Copy ditional copy is losed)	□\$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	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle

## Articles of Amendment to Articles of Incorporation

FILED

## Shadowlawn Condominium Association, Inc (Name of Corporation as currently filed with the Florida Dept. of State) 730499 (Document Number of Corporation (if known) 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: 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) C. Enter new mailing address, if applicable: 923 22nd Place #101 (Mailing address MAY BE A POST OFFICE BOX) Vero Beach, FL 32960 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: Thomas McGuigan Name of New Registered Agent: 923 22nd Place #101 (Florida street address) New Registered Office Address: Vero Beach (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.

Page 1 of 4

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	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>s</u>	Michael D. Smith	923 22nd Place #109
Add			Vero Beach, FL 32960
X Remove			
2) Change	<u>V</u>	John Kastendiek	4922 N. 18th St
X Add	-		Sheboygan, WI 53083
Remove	S	Lise Larin	923 22nd Place #213
3) Change X_Add	<del>-</del>		Vero Beach, FL 32960
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Ar attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment date this document was signed.		, if other than the
Effective date <u>if applicable</u> :	<del></del>	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were tirectors.	
Dated	3-17-14	
Signature	Man 9 ma Bruge	
	chairman or vice chairman of the board, president or other officer-if directors	<del></del>
	ot been selected, by an incorporator - if in the hands of a receiver, trustee, or	
other o	court appointed fiduciary by that fiduciary)	
Thoma	s McGuigan	
	(Typed or printed name of person signing)	
Preside	ent	
<u></u>	(Title of person signing)	