741034

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LAKES ASSOCIATION, ————————————————————————————————————	INC	
741034 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Kristine Russo			
	(Name of Contact Pe	erson)	
Coco Wood Lakes Association, Inc.			
	(Firm/ Company	·)	
6269 West Atlantic Avenue			
	(Address)		
Delray Beach, FL 33484			_
	(City/ State and Zip	Code)	
cocowoodmgr@FSResidential.com			
E-mail address: (to be	used for future annual rep	ort notification	n)
For further information concerning this matter, pl	lease call:		
Kristine Russo	at	561	495-1133
(Name of Contact Po		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta		Certif s Certif	0 Filing Fee feate of Status fed Copy tional Copy is osed)
Mailing Address Amendment Section		reet Address nendment Sect	ion

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

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

Articles of Amendment to Articles of Incorporation of

Coco Wood Lakes Association, Inc.	
Name of Corporation as currently filed with the Florida I	Dept. of State)
741034	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	N/A
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ntion" or "incorporated" or the abbreviation "Corps" or Bc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	NA SSERVE P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N A
D. If amending the registered agent and/or registered office and/or the new registered office a	
Name of New Registered Agent:	10 17
New Registered Office Address:	(Florida street address)
	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the position.
S	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>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>S</u>	Laura Reves	6269 West Atlantic Avenue Delray Beach, FL 33484
 X Remove 2) Change Add 	<u>V</u>	Leslie Spruce	6269 WestAtlantice Avenue Delray Beach, FL 33484
X Remove Change Add Remove	<u>v</u>	Anita Brown	6269 West Atlantic Avenue Delray Beach, FL 33484
4) × Change Add	<u>S</u>	Sandy Steinberg	6269 West Atlantic Avenue Delray Beach FL 33484
Remove 5) Change Add			ASSE P
Remove 6) Change Add		<u></u>	#: 19
E. If amending or add (attach additional sh		rticles, enter change(s) here:). (Be specific)	

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The date of each amendment(s) adoption	on: April 18, 2022				, if other	than the
late this document was signed.						
Effective date <u>if applicable</u> :	/ t 00.7		421 - J., 4. A			
	(no more than 90 days	s after amendment _e	jue date)			

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

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

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(Title of person signing)