742388

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TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	AKE PROPERTY OWNE	RS' ASSOCIATI	ON, INC.
742388 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee			
Please return all correspondence concerning the	nis matter to the following	:	
LARRY E. SCHNER, ESQUIRE			
	(Name of Contact	t Person)	
SACHS SAX CAPLAN			
	(Firm/ Comp	any)	
6111 BROKEN SOUND PARKWAY NW. S	UITE 200	•	
	(Address))	
BOCA RATON, FLORIDA 33487	,		
	(City/ State and Z	ip Code)	
lschner@ssclawfirm.com			
E-mail address: (to	be used for future annual	report notificatio	n)
For further information concerning this matter	, please call:		
LARRY E. SCHNER, ESQUIRE		561	994-4499
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florid	la Department of	State:
■ \$35 Filing Fee □ \$43.75 Filing I Certificate of \$		Certif y is Certif	icate of Status ied Copy tional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sect Division of Corpo The Centre of T	prations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HIDDEN LAKE PROPERTY OWNERS' ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida	Dept. of State)	-
742388		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Status amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adop	ts the following
A. If amending name, enter the new name of the corpora	tion;	
N/A		The new
name must be distinguishable and contain the word "corpord "Company" or "Co," may not be used in the name.	ntion" or "incorporated" or the abbreviation "Co.	rp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	N/ P	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	16. J
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		2: 2]
Name of New Registered Agent:		
<u>Name of New Registered Agent</u> :	_ /\/ / ' .	
New Registered Office Address:	(Florida street address)	
	Florida	
		<u>;)</u>
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fa		ion.
	ignature 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 D Y Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	P/D	STEPHEN J. PADULA	7060 NW 5TH AVENUE BOCA RATON, FL 33487
2) × Change Add	<u>P/D</u>	JOEL RASK	485 NW 69TH STREET BOCA RATON, FL 33487
Remove 3) Change X Add Remove	<u>D</u>	BONNIE NUSRALA	405 NW 72ND STREET BOCA RATON, FL 33487
4) Change Add	<u>D</u>	SUE FILLINGER	7080 NW 4TH AVENUE BOCA RATON, FL 33487
 X Remove 5) Change X Add Remove 	D	IRENE FILLINGER	7080 NW 4TH AVENUE BOCA RATON, FL 33487
6) Change Add			
E. If amending or addin (attach additional shee	ng additional Arti ets, if necessary).	icles, enter change(s) here: (Be specific)	
	N/A_		
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	AUGUST 12, 2020	
The date of each amendment(s) adoption:	AUGUST 12, 2020	, if other than the
date this document was signed.		
Effective date if applicable:		
Incerive date it applicable.	o more than 90 days after amendment file 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
document's effective date on the Department	of State's records.	
	annay ann	
Adoption of Amendment(s) (9	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 8/16/2020
Signature (By the chairman of 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)
JOEL RASK
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)