

742702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

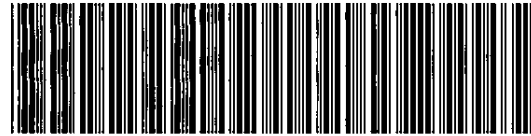
(Business Entity Name)

(Document Number)

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10/07/10--01006--007 \*\*35.00

10 OCT 26 PM 1:02

Amend.

10-27-10

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
10 OCT 26 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 12, 2010

LUCILLE GOOD  
ARROWHEAD COUNTRY CLUB VILLAS CONDOMINIUM  
2269 S. UNIVERSITY DR., BOX #110  
DAVIE, FL 33324

SUBJECT: ARROWHEAD COUNTRY CLUB VILLAS CONDOMINIUM  
ASSOCIATION, INC.  
Ref. Number: 742702

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ATTACHED AMENDMENT FORM. MAKE ALL CHANGES TO THE OFFICERS/DIRECTORS, ANY ADDRESSES BEING CHANGED AND ALSO THE REGISTERED AGENT ON THIS FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 810A00024101

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Arrowhead Country Club Villas Condominium Association, Inc.

**DOCUMENT NUMBER:** 742702

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lucille Good

(Name of Contact Person)

Arrowhead Country Club Villas Condominium Assoc, Inc.

(Firm/ Company)

2209 South University Drive, Box #110  
2201 SW 81st Avenue

(Address)

DAVID, FL 33324

(City/ State and Zip Code)

hunleyzima@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucille Good

(Name of Contact Person)

at ( 954 ) 405-0089

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
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**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

ARROWHEAD COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

742702

(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:**

*The new 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:**

(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:**

Name of New Registered Agent:

Lucille Good

2261 SW 81st Avenue

New Registered Office Address:

(Florida street address)

Davie

(City)

Florida

(Zip Code)

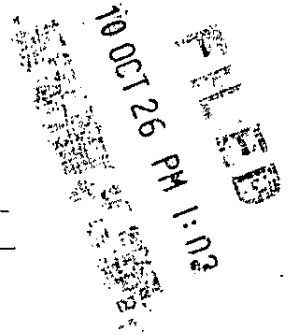
33324

**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)

Title	Name	Address	Type of Action
President	Lucille Good	2261 SW 81st Avenue Davie, FL 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Secretary/ Treasurer	Rose Walker	2285 SW 81st Ave. Davie, FL 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
President	William McWhorter	2185 SW 81st Ave Davie, FL 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

Title	Name	Address	Action
Director	Kathleen Hargreaves	8111 SW 22nd Court Davie, FL 33324	(add)

Director	Michael Jensen	2265 SW 81st Avenue Davie, FL 33324	(add)
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Secretary/Treasurer	Sharon Hampton	2311 SW 81st Avenue Davie, FL 33324	(remove)
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The date of each amendment(s) adoption: \_\_\_\_\_

9/15/10  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_

9/15/10  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(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

10/18/10

Signature



(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)

Calorie Gray

(Typed or printed name of person signing)

Vice President

(Title of person signing)