

745173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

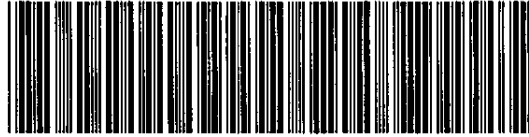
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 FEB 24 AM 7:41

C.L.
2-26-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2015

EVIDIO CHAVEZ CAM / THE VILLAS LAKES ASSOCIATION INC
1590 N. HIATUS RD
PEMBROKE PINES, FL 33026 US

SUBJECT: THE VILLAS-LAKES ASSOCIATION, INC.
Ref. Number: 745173

We have received your document for THE VILLAS-LAKES ASSOCIATION, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

You do not need to fill out the resignations for officers, the amendment form takes care of that. If you wanted those forms filled out also, it would be 35.00 per resignation in addition to the 43.75 for the amendment.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 215A00002698

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE VILLAS LAKES ASSOCIATION INC.

DOCUMENT NUMBER: 745173

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

Please return all correspondence concerning this matter to the following:

Evidio Chavez, CAM
(Name of Contact Person)

THE VILLAS LAKES ASSOCIATION, INC.
(Firm/ Company)

1590 N. HIPTUS RD.
(Address)

PEMBROKE PINES, FL. 33026
(City/ State and Zip Code)

VILLASLAKESPM@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evidio Chavez at (954) 614-4343
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

THE VILLAS LAKES ASSOCIATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

15 FEB 24 AM 7:41

745173

(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:

N/A

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)

N/A

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

_____, Florida
(City)

(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.

N/A

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>FULLERAT, VIRGINIA</u>	<u>11210 NW 14 ST.</u> <u>PEMBROKE PINES,</u> <u>FL. 33026</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>CARIDE, ISABEL</u>	<u>11241 NW 14 CT</u> <u>PEMBROKE PINES,</u> <u>FL. 33026</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>JOVE, EYDA</u> <u>* CHANGE FROM VP TO P</u>	<u>11325 NW 16 ST</u> <u>PEMBROKE PINES</u> <u>FL. 33026</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>WALTERS, MARYA.</u> <u>* CHANGE FROM D TO S</u>	<u>11308 NW 14 CT</u> <u>PEMBROKE PINES</u> <u>FL. 33026</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

[illegible]

The date of each amendment(s) adoption: 10/23/14
date this document was signed.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
if other than the

Effective date if applicable: _____

(no more than 90 days after amendment file date)

15 FEB 24 AM 7:41

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

11/23/15

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)

EYda JOVE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)