

746873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
14 JUN 30 PM 3:14

Amend
@ 10 6/30/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WOODLAKE VILLAS, INC.

DOCUMENT NUMBER: 746873

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

Please return all correspondence concerning this matter to the following:

JONATHAN PARRA

(Name of Contact Person)

CONSOLIDATED COMMUNITY MANAGEMENT, INC

(Firm/ Company)

7124 N NOB HILL RD

(Address)

TAMARAC, FL 33321

(City/ State and Zip Code)

OFFICE@CCMFLA.COM

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

For further information concerning this matter, please call:

JONATHAN PARRA

(Name of Contact Person)

at 954 718-9903

(Area Code & Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 JUN 30 PM 2:45

June 4, 2014

JONATHAN PARRA
CONSOLIDATED COMMUNITY MANAGEMENT, INC
7124 N. NOB HILL RD
TAMARAC, FL 33321

SUBJECT: WOODLAKE VILLAS, INC.
Ref. Number: 746873

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

Be specific in your intention regarding the officer/directors, please see the enclosed print out referencing the current officers on file.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 214A00011978

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
14 JUN 30 PM 3:14

WOODKLAK VILLAS, INC

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

746873

(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)

C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC

7124 N NOB HILL RD

TAMARAC, FL 33321

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC

7124 N NOB HILL RD

TAMARAC, FL 33321

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

New Registered Office Address:

(Florida street address)

(City)

Florida

(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.

Signature of New Registered Agent, if changing

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

N/A

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>PARSONS, ANNELEE N</u>	<u>7124 N NOB HILL RD</u> <u>TAMARAC, FL 33321</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VS</u>	<u>STEINER, JUDITH</u>	<u>7124 N NOB HILL RD</u> <u>TAMARAC, FL 33321</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>NOBLE, ROBERTA</u>	<u>7124 N NOB HILL RD</u> <u>TAMARAC, FL 33321</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>VAZQUEZ, MARLENE</u>	<u>7124 N NOB HILL RD</u> <u>TAMARAC, FL 33321</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>CIASULLO, RON</u>	<u>7124 N NOB HILL RD</u> <u>TAMARAC, FL 33321</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>MCGUIER, LYNN E</u>	<u>PO BOX 93-6585</u> <u>MARGATE, FL 33093</u>

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.

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<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VPD</u>	<u>HALBERG, JUNE</u>	<u>894 BANKS RD</u> <u>COCONUT CREEK, FL 33063</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TSD</u>	<u>MINTZ, JACQUELINE</u>	<u>934 BANKS RD</u> <u>COCONUT CREEK, FL 33063</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>SD</u>	<u>CALABRIA, VALERIA</u>	<u>862 BANKS RD</u> <u>COCONUT CREEK, FL 33063</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

The date of each amendment(s) adoption: 6-23-14, if other than the date this document was signed.

Effective date if applicable: 6-23-14
(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 6-26-14
Signature Annelee N. Parsons
(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)

ANNELEE N PARSONS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)