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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI		Iomeowner's Associa	tion, Inc., Uni	. 1	
DOCUMENT NUMBER:	747485				
The enclosed Articles of Ai		nitted for filing.			
Please return all correspond					
Judy Cramer					
		(Name of Contact Pe	rson)		
_					
		(Firm/ Company)		
		(Address)			_
113 Dublin Drive, Lake	Mary, FL 32746				
		(City/ State and Zip C			_
Judy	Judy Jud	14 @ cf	1. rr.	iom	
71	-mail address: (to be used	for future annual rep	ort notification	1)	
For further information con-	cerning this matter, please	call:			
Judy Cramer		at _	407	324-7553 (Daytime Telephone Number)	
	(Name of Contact Person)	•	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the	following amount made pay	yable to the Florida D	epartment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Cenif	0 Filing Fee icate of Status ied Copy tional Copy is esed)	
Mailing /	Address	Str	et Address		

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

Amendment Section Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Greenwood Lakes Homeowners' Association, Inc., Unit 1 (Name of Corporation as current	ntly filed with the Florida Dept. of State)		_
(Document Numb	per of Corporation (if known)		_
Pursuant to the provisions of section 617.1006, Florida Statut imendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corporation</i> ado	pts the followi	ng
A. If amending name, enter the new name of the corporat	ion:		
		The ne	
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ition" or "incorporated" or the abbreviation "C	orp." or "Inc.	. "
B. Enter new principal office address, if applicable:			_
Principal office address <u>MUST BE A STREET ADDRESS</u>) 	 	 .
			_
C. Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			_
			_
		19 SE	_
If amending the registered agent and/or registered offi new registered agent and/or the new registered office a	ce address in Florida, enter the name of the	JUN 2	
		위설 -	
Name of New Registered Agent:		- T	_
New Registered Office Address:	(Florida street address)		-
new Acgmenta Office marciss.	<u> </u>	<u> </u>	
	(City), Florida Zip Co.		_
Sew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	Agent:		
S	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	V Mil	n Doe se Jones ly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	D	Kurt Jennings	296 Dublin Drive	
Add			Lake Mary, FL 32746	
X Remove				
2) Change	D	Dean Moroney	132 Dublin Drive	
X Add			Lake Mary, FL 32746	
Remove				
3) Change			75 79 X	
Add			JUN 2	T
Remove			<u></u>	٠٠.
4) Change				J
Add				
Remove			т. т	
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
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The date of each amendment(s) ad late this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will no partment of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or membadopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	ne 19, 2019	
havé noybe	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Judy Cr	amer	
	(Typed or printed name of person signing)	
Treasur	er	
	(Title of person signing)	F1L 6
		T D