747498

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Amend

SEP 25 2015
I ALBRITTON

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Concord Village Recreation Association
DOCUMENT NUMBER: 747498
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Stevens & Goldwyn P.A. (Firm Company)
2 S. University Drive Suite 329
Plantation FL 33324 (City/ State and Zip Code)
npiper 123 @ aol. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nancy Piper at 954-458-9393 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee U\$43.75 Filing Fee & U\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee & U\$52.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address Amendment Section **Division of Corporations**

)

TO: Amendment Section

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

(Name of Corporation as curr	ently filed with the Flo	n ASSOCiation Ir
747	498	
(Document Nur	mber of Corporation (if k	(nown)
ursuant to the provisions of section 617.1006, Florida Stat nendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
If amending name, enter the new name of the corpor	ation:	
		The new
ame must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	ration" or "incorporate	d" or the abbreviation "Corp," or "Inc."
Enter new principal office address, if applicable:		Alle de la constantina della c
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>(S</u>)	
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Muning unitess MAT BE A FOST OFFICE BOX)		
		
. If amending the registered agent and/or registered o	ffice address in Florida	enter the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent:		<u>్</u>
	(F	lorida street address)
<u>New Registered Office Address:</u>		
	(C:+)	, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Register		
hereby accept the appointment as registered agent. I am	familiar with and accep	t the obligations of the position.
	Cimatana d'Al-a na de	tered Agent, if changing
	- NOROTHE OF NEW RESIS	тегеа муеті. ІІ спапуіпу

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	<u>V</u> <u>Mike</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change +0	<u>P</u>	Decourcey Rogers	#348 6501 University Dr.
Remove 2) Change Add	<u>P</u> _	Willy Vulpis	6401 N. University DAVE Tumarac FL 33321
Remove 3) Change Add	2P	Arlene Lev	Tomirac Fl 33321
Remove 4) Change Add	1	John Lanlers	6501 N. Universty Princ Turnerac FL 33321
Remove 5) Change Add	a spistant	Joseph Mack	6501 N. Universty Prie Tamarac FL 33321
Remove 6) Change Add	5	Sonie Olmsby	G501 N. Univery Pore Tamuac FL 33321
Remove		Page 2 of 4	

utach additional sheets, if necessary).	(Be specific)

	e date of each amendment(s) adoption: 5 UNC 20, 2015 te this document was signed.	, if other than the
Effe	fective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date cument's effective date on the Department of State's records.	e will not be listed as the
Ado	option of Amendment(s) (CHECK ONE)	
X	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	nt(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/we adopted by the board of directors.	re
	Dated Sept. 17, 2015	
	Signature Jumach	
	(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator — if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)	
	Joseph W. Mack	
	(Typed or printed name of person signing)	
	asst. Leasurer	
	(Title of person signing)	