## 756697

(Red	questor's Name)	
(Add	dress)	<u> </u>
(Ado	dress)	
(City	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations The Hidden Hollow Townhouses Homeowners Association, Inc. NAME OF CORPORATION: 756697 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carolyn D'Agostino - Treas. (Name of Contact Person) The Hidden Hollow Townhouses Homeowners Association, INC. (Firm/ Company) 4491 Rende Lane (Address) Lake Worth, Florida 33461 (City/ State and Zip Code) csammydagg@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carolyn D'Agostino (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

(Name of Corporation as currently filed with the Florida Dept. of State) The Hidden Hollow Townhouses Homeowners Association, INC. (756697)

(Document Number of Corporation (if known)

N/A	name of the corporati	<u>on:</u>		The nev
name must he distinguishable and conta "Company" or "Co." may not be used		tion" or "incorporated"	or the abbreviation "Corp." o	
B. Enter new principal office address (Principal office address MUST BE A.)	, if applicable:	N/A		
C. Enter new mailing address, if app (Mailing address MAY BE A POST		N/A		13 NOV -4
D. If amending the registered agent a			enter the name of the	7
new registered agent and/or the n	Rarbara Sall	<del></del>		
Name of New Registered Agen	4421 Ren	de Lane		
New Registered Office Addres	72.00	(Florida street address)	<del></del>	
HEN REGISTERED Office Huares	Lake Wor	th	, Florida 33461	
			, 1 101104	

Page 1 of 4

## 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	<u>PT</u> <u>John l</u>	<b>D</b> oe	
X Remove X Add	V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Amanda Prevost	4408 Rende Lane
Add			Lake Worth, Fl. 33461
X Remove			
2) Change	VP	Walter McGah	4473 Rende Lane
Add			Lake Worth, Fl. 33461
X Remove			
3) Change	D	Max Perez	4484 Rende Lane
Add	<del></del>		Lake Worth, Fl. 33461
X Remove			
4) Change	Р	Barbara Sellers	4421 Rende Lane
X Add	<del></del>		Lake Worth, Fl. 33461
Remove			
5) Change	VP	Maryellen Chabau	4390 Rende Lane
X Add	<del></del>		Lake Worth, Fl. 33461
Remove			
6) X Change	AS	Tom Fitch	4437 Rende Lane
Add			Lake Worth, Fl. 33461
Remove			
Itelliove			<del> </del>

E. If amending or adding additional Art (attach additional sheets, if necessary).	<u>cles, enter change(s) here</u> :  (Be specific)
N/A	
	***************************************

The date of each amendment(s) adoption:		, if other than th	
	this document was signed.		
Effe	ective date <u>if applicable</u> :  (no more than 90 days after amendment file date)		
Ado	option of Amendment(s) ( <u>CHECK ONE</u> )		
	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 10/30/13		
	Signature Darbara Sellus		
	(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)		
	Barbara Sellers		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		