757964

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(R	equestor's Name)
(A	ddress)
(A	ddress)
(0	lity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Jusiness Entity Name)
(C	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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S. PRATHER



October 5, 2021

MICHAEL FORTUNATO 9600 SHADOW WOOD LANE CORAL SPRINGS, FL 33071

SUBJECT: SHADOW WOOD VILLAS ASSOCIATION, INC.

Ref. Number: 757964

We have received your document for SHADOW WOOD VILLAS ASSOCIATION, INC. and check(s) totaling \$60.00 of which \$25.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$10.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a FOREIGN CORPORATION, but your entity is a NONPROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6051.

Letter Number: 221A00024205

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		VILLAS ASSOCIAT	TON, INC.	
	757964			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
Michael Fortunato				
		(Name of Contact Po	erson)	
		(Firm/ Company	.)	
9600 Shadow Wood Lane				
		(Address)		
Coral Springs, FL 33071				
		(City/ State and Zip (Code)	
swvassoc@gmail.com				
li li	-mail address; (to be used	d for future annual rep	ort notification	n)
For further information cond	cerning this matter, please	e call:		
Michael Fortunato		af	954	224-1574
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the t	following amount made p	ayable to the Florida I	Department of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certif s Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A		Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

	to Articles of Incorpora of	ntion	TALLA	2021 OCT
SHADOW WOOD VILLAS ASSOCIATION, IN	C.		エア	CI :
(Name of Corporation as currently filed with th	e Florida Dept. of State		32	_28
757964			40,7	7
(Docur	nent Number of Corporat	ion (if known)	LOR	ب
Pursuant to the provisions of section 617,1006. Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida</i>	i Not For Profit Corporation a	dopts the lo	wing
A. If amending name, enter the new name of th	e corporation:			
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		rporated" or the abbreviation		не <i>ю</i> гс. ''
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)			
D. If amending the registered agent and/or reginew registered agent and/or the new register		Florida, enter the name of the		
Name of New Registered Agent:	Michael Fortunato			
	9600 Shadow Wood La	ne, Coral Springs, FL 33071		
New Registered Office Address:	:	(Florada street address)		
		, Florida	i	
	(City)	(Zip C	Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		,	position.	
-		w 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John De V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) <u>*</u> Change Add	<u>P</u>	Michael Fortunato	9600 Shadow Wood Lane Coral Springs, FL 33071
Remove			
2) <u>×</u> Change Add	<u>V</u>	Joel Kogon	481 Shadow Wood Lane Coral Springs, FL 33071
Remove 3) X Change Add X Remove	<u>T</u>	Karen Cullen	Michael Fortunato 402 Shadow Wood Lane Coral Springs, FL 33071 Carlos M. Barcia
4) * Change Add	<u>S</u>	Janet Gelman	9530 Shadow Wood Court Coral Springs, FL 33071
* Remove			Brenda Wilson
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
	•		
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The date of each amendment(s) adoption:	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	(e)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requiredocument's effective date on the Department of State's records.	ements, this date will not be fisted as the

■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	10/15/21
Signatur	co Mulae ForTuble
_	(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)
	Michael Fortunato
	Michael Fortunato

FILED 2021 OCT 28 PM 5: 17