761809

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
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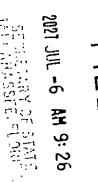
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	nomes Association, Inc.	
DOCUMENT NUM	761809 BER:		
	s of Amendment and fee are su		
Please return all corre	espondence concerning this ma	tter to the following:	
	Sharon S Brown		
	SSB Accounting Services	Name of Contact Persor	1
		Firm/ Company	
	26810 Bull Run		
	Leesburg, FL 34748	Address	
	-	City/ State and Zip Code	2
	sbrown@ssbaceounting.com	•	
	E-mail address: (to be us	sed for future annual report	notification)
For further information Sharon S Brown	on concerning this matter, pleas	352	446,6292
Name	of Contact Person	at (Area Coo	de & Daytime Telephone Number
	or the following amount made		·
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ān	illing Address mendment Section vision of Corporations	Amend	Address ment Section m of Corporations



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 28, 2021

SHARON S. BROWN SSB ACCOUNTING SERVICES 26810 BULL RUN LEESBURG, FL 34748

SUBJECT: WATERWOOD TOWNHOMES ASSOCIATION, INC.

Ref. Number: 761809

We have received your document for WATERWOOD TOWNHOMES ASSOCIATION, 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please fill in the name of the corporation at the top of the first page of the amendment form (under articles of amendment).

Please return your document, along with a copy of this letter, within 60 days or 5 your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey OPS

Letter Number: 421A00011647

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Whterwo	od Townho	mes Association Inc
DOCUMENT NUMBER: 761809		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Sharon S. Brow	Name of Contact Paren	
_		
SSB Accounting	& Services	<u> </u>
((Firm/ Company)	
268 10 Bull 1	Zun	
	(Address)	
Leesburg, Fl.	34748	
0	(City/ State and Zip Cod	e)
Shrown 6 E-mail address: (to be use	ssharrow	nting. com
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, please	se call:	
Sharon S. Brown (Name of Contact Perso	<u></u> at	352-446.6292
(Name of Contact Perso	on) (Ar	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address		Address
Amendment Section Division of Corporations		Iment Section on of Corporations
P.O. Box 6327		entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Waterwood	ownhomes	Association Inc
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
761809		
	Number of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida 9 amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the cor		of For Profit Corporation adopts the following
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorpo	orated" or the abbreviation "Corp.; or p.c."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR		25. 26
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		orida, enter the name of the
Name of New Registered Agent;		
New Registered Office Address:		(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and a	ccept the obligations of the position.
	Signature of New I	Registered Agent, if changing

and address of each Off (Attach additional sheets, Please note the officer/di P = President; V = Vice I	icer and/or Direct , if necessary) rector title by the President: T= Trect = Chief Financial	first letter of the office title: usurer: S= Secretary: D= Director: TR= True Officer. If an officer/director holds more tha	stee: C = Chairman or Clerk; CEO = Chief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the corporation	on, Sally Smith is named the V and $S.$ These sh	PST and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change,
Example: X/Change X/Remove X/Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	_D_	Bill Park	Jacha, Fl. 34797
Remove 2) Change Add	<u>D</u>	Shawn Sturmer	300 Woterwood Dr. Yalaha, Fl. 34797
Remove 3) Change Add Remove	T	John Johnson	300 Waterwood Dr. Yalaha, FT. 3+797
4) Change Add Remove	T	Tom DeLaurentins	300 Water wood Dr. Jalaha, Fl. 34797
5) Change Add			
Remove 6) Change Add			
E. If amending or additional sheet		icles, enter change(s) here; (Be specific)	

-		
•		
		~
		
		-
		
		-
		<u> </u>
		
The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
per a la re Nali		
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not b t of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

•	
There are no members or members entitled to vote on the amendment(s adopted by the board of directors.). The amendment(s) was/were
Dated 06/25/2021	
Signature (By the chairman or vice chairman of the board, presing the properties of the board, presing the properties of the properties of the court appointed fiduciary by that fiduciary)	
Dave Wonsette (Typed or printed name o	F Timothy J OSULLIVAN
VICE President (Title of person	n signing)