

762458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

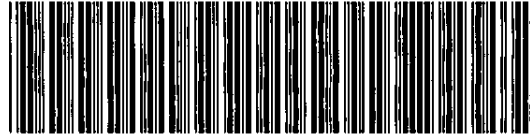
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000267722020

12/29/14--01033--012 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 29 PM 11:18

C.L.
1-5-15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Shadow Lakes Homeowners Assoc, Inc

DOCUMENT NUMBER: 762458

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carolyn Rogers

(Name of Contact Person)

(Firm/ Company)

12656 SHADOW RIDGE BLVD

(Address)

HUDSON FLORIDA 34669

(City/ State and Zip Code)

carflk@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Rogers

(Name of Contact Person)

at (727) 808-4276

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
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
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 DEC 29 PM 11:18

SHADOW LAKES HOMEOWNER ASSOCIATION, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

762458

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12656 SHADOW RIDGE BLVD
HUDSON FLORIDA
34669

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: CAROLYN ROGERS

12656 SHADOW RIDGE BLVD
(Florida street address)

New Registered Office Address:

HUDSON FLORIDA 34669

HUDSON, Florida 34669
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Carolyn Rogers
Signature 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:

☒ Change
☒ Remove
☒ Add

PT John Doe
V Mike Jones
SV Sally Smith

same D
8. JOHN JENKINS

12427 SMOKEY
HUDSON FL 34669 DR

Type of Action
(Check One)

Title

Name

Address

✓ SAME

1) ☐ Change

PD

CAROLYN ROGERS 12656 SHADOW RIDGE
BLVD
HUDSON FL
34669

☐ Add

☐ Remove

2) ☒ Change

V^D

THOMAS FLANAGAN 12339 SMOKEY DR
HUDSON FLORIDA
34669

☐ Add

☐ Remove

3) ☒ Change

T-D

THOMAS MCKEE 12403 SMOKEY DR
HUDSON, FL 34669

☐ Add

☐ Remove

4) ☐ Change

D

MARTIN-BECKWITH- 12321 SMOKEY DRIVE
BROWN HUDSON, FL
34669

✓ ☐ Add

☐ Remove

5) ☐ Change

D

ALLEN RAMSEY 12333 GOLDEN OAK
CIRCLE
HUDSON, FL 34669

✓ ☐ Add

☐ Remove

6) ☐ Change

D-S
Res. Agent

JOAN SHAPIRO 12317 SMOKEY DRIVE
HUDSON FL
34669

☐ Add

✓ ☐ Remove

7. ☒ Remove V-D TONY BISHOP 12515 SHADOW RIDGE
BLVD

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

No.

The date of each amendment(s) adoption: _____
date this document was signed.

12 / 23 / 14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Effective date if applicable: _____

12 / 23 / 14

(no more than 90 days after amendment file date)

14 DEC 29 PM 11:18

Adoption of Amendment(s)

(CHECK ONE)

- ☒ 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

12 / 23 / 14

Signature

Carolyn Rogers, President SLHOA

(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)

CAROLYN ROGERS

(Typed or printed name of person signing)

PRESIDENT SLHOA

(Title of person signing)