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2018 OCT 15 PM 12: 34 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	EAST OWNERS ASSOC		NC.
765810 DOCUMENT NUMBER:		· ·	
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
	(Name of Contact Perso	n)	
CAPITAL REALTY ADVISORS, INC.			
	(Firm/ Company)		
600 SANDTREE DRIVE, SUITE 109			
	(Address)		
PALM BEACH GARDENS, FL 33403			
	(City/ State and Zip Coo	le)	
LMOORE@CRA.EMAIL			
E-mail address: (to be us	ed for future annual report	notification	1)
For further information concerning this matter, plea	se call:		
Chrissy O'Connell	at		561-624-5888
(Name of Contact Pers		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 Statu	& □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amen Divisi	t Address dment Sect on of Corp n Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

TURTLE CREEK EAST OWNERS ASSOCIATION, INC.

2018 OCT 15 PM 12: 34

(Name of Cornoration as current	tly filed with the Florida Dept. of Star RETARY OF STA
765810	TALLAHASSEE, FL
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	ion:
- NA -	The nev
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	- NA -
(Principal office address MUST BE A STREET ADDRESS))
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- NA -
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a	ce address in Florida, enter the name of the iddress:
Name of New Registered Agent:	
Name of New Negationed Agent.	
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fair	Agent: miliar with and accept the obligations of the position.
So	lignature 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: X_Change X_Remove X_Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	WILSON, PETER	c/o Capital Realty Advisors, Inc.
X Add			600 Sandtree Dr. #109
Remove			Palm Beach Gardens, FL 33403
2) Change	P	SMITH, MARY ANN	
Add X Remove			
3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			•
Remove			

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

The date of each amendment(s) ad	option:9/(/18	, if other than the
date this document was signed. 9/01/	2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this doartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes cast for the amendr I.	nent(s)
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/ors.	were
Dated/0/	4/18	
Signature M	W D C	
have not bee	man or vice chairman of the board, president or other officer-if dire on selected, by an incorporator — if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	
J	evry David	
 	(Typed or printed name of person signing)	
Pn	esidant	
	(Title of person signing)	