## 100993

(Re	equestor's Name)
(Ad	dress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	THE WINDMILL MANOR RESIDENTS ASSOCIATION, INC
DOCUMENT NUMBER:	766993
The enclosed Articles of Amenda	ent and fee are submitted for filing.
Please return all correspondence of	oncerning this matter to the following:
На	ke, Howard W.
	(Name of Contact Person)
	(Firm/ Company)
5320 53RD AVE	. E. Q-81
	(Address)
BRADENTON	FLORIDA 34203
Management of the second of th	(City/ State and Zip Code)
For further information concerning	this matter, please call:
Hanke, Howard W.	at ( <u>941</u> ) 756-8475
(Name of Contact Person	(Area Code & Daytime Telephone Number)
Enclosed is a check for the follow	ng amount made payable to the Florida Department of State:
X \$35 Filing Fee	
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

THE WINDMILL MANOR RESIDENTS ASSOCIATION, INC

THE WINDMILL MANOR RESIDENT	3 ASSOCIATION, INC	A.
(Name of Corporation as currently file	d with the Florida Dept. of	State) 145
(Document Number of C	Corporation (if known)	
arsuant to the provisions of section 617.1006, Florida e following amendment(s) to its Articles of Incorporat		r Profit Corporation ad
If amending name, enter the new name of the cor	poration:	
THE WINDMILL MANOR HOMEOWNERS AS	SOCIATION, INC	
he new name must be distinguishable and contain the bbreviation "Corp." or " Inc." <u>"Company" or "Co."</u>		
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR	RESS )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
(Mulling uturess MAT BL A TOST OF TEL BOX		
If amending the registered agent and/or registered	d affice address in Florida	onto with a name of the
new registered agent and/or the new registered of	fice address:	enter the name of the
Name of New Registered Agent:		<del></del>
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Regist	ered Agent:	
nereby accept the appointment as registered agent. sition.	I am familiar with and acc	cept the obligations of
Signature	of New Registered Agent, if c	hanging

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets. if necessary)				
<u> </u>	Name	Address	Type of Action	
			🗖 Add	
			Remove	
			☐ Add	
			Remove	
			☐ Add	
······································			☐ Remove	
			<del></del>	
. If amen	iding or adding additional Articles, e	nter change(s) here:		
(attach a	additional sheets, if necessary). (Be s	pecific)		
<del></del>				

The date of each amendment(s) adoption: March 5, 2009				
Effective date if applicable:				
<u></u>	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.			
There are no members or n adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.			
Dated	MARCH 5, 2009			
Signature	Boller Wed			
have	the chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)			
	BETTY MOSHER			
	(Typed or printed name of person signing)			
	PRESIDENT WINDMILL MANOR RESIDENTS ASSOCIATION, INC.			
	(Title of person signing)			

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