## 768697

Office Use Only



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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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NAME OF CORPORATION:	PLACID LAKES CO	MMUNITIES	HOMEOWNERS ASSOCIATION
768697 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-			
Please return all correspondence concerning this matte	er to the following:		
SUSAN COLLEY			
	(Name of Contact Pe	rson)	
COLLEY FINANCIAL SERVICES, INC.			
	(Firm/ Company	)	
505 W INTERLAKE BOULEVARD			
	(Address)		
LAKE PLACID, FL 33852			
	(City/ State and Zip C	Code)	
SUSANCOLLEY@EMBARQMAIL.COM			V
E-mail address: (to be used	for future annual rep	ort notification	n)
For further information concerning this matter, please	call:		
SUSAN COLLEY	at	863	465-6473
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	Department of	State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$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	Street Address Amendment Section		
Division of Corporations	Division of Corporations		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

GOLF VILLAS AT PLACID LAKES COMMUNITIES HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as cu	rrently filed with the Flori	ida Dept. of State)
768697		
(Document N	lumber of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
N/A		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	ESS )	المسلم. المسلم.
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C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered	l office address in Florida.	enter the name of the
new registered agent and/or the new registered of		
N/A		
Name of New Registered Agent:		
New Registered Office Address:	(Fl	orida street address)
Hen Registered Office Huaress.		
, <del></del>		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent:	
I hereby accept the appointment as registered agent. I a	ım familiar with and accept	the obligations of the position.
		ered 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 A Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V, D	VALERIE LAURENCE	
Add X Remove			
2) Change	V, D	KATHYA PACHECO	3098 SW 110TH AVENUE
X Add			MIAMI, FL 33165
Remove 3)Change	T, S	VICKI WHITE	
Add X Remove			
4) Change	<u>T</u>	MARCO LOPES	301 GOLF VILLAS CT NW
X Add			LAKE PLACID, FL 33852
5) X Change	s, D	JOHN ROSE	6062 N RESERVE ROAD
Add			ROSCOMMON, MI 48653
Remove			
6) Change			
Add			
Remove		_	

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
N/A	
<del></del>	
<del></del>	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l not be listed as the
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 <u>FO-12-2017</u>	
Signature Suc Solution	
(By the chairman of 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)	
JOLYN SUE JOHNSON	
(Typed or printed name of person signing)	
PRESIDENT, DIRECTOR	
(Title of person signing)	