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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: REGAL OF	AKS HOMEOWNERS ASSOC	CIATION, INC.
DOCUMENT NUMBER: N00000004080	)	<del></del> -
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
RoseMarie Bridges		
(Nam	ne of Contact Person)	
Regal Oaks Homeown Asse		
(1	Firm/ Company)	
6243 38th St. East		
	(Address)	
Bradenton, Fl. 34203		
(City/	/ State and Zip Code)	
For further information concerning this matte	er, please call:	
Carolyn Koehnen, Treas.	at ( <u>941</u> ) <u>752 08</u>	
(Name of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida De	partment of State:
✓ \$35 Filing Fee	\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## **Articles of Amendment** to Articles of Incorporation of

## FILED

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Regal Oaks F	rrently filed with t	he Florida Dept. of S	STATALLAHASSEE, FLOR
	N000000040		<b>_</b>
(Document No	umber of Corporati	on (if known)	
rsuant to the provisions of section 617.100 e following amendment(s) to its Articles of		this Florida Not For	Profit Corporation adopts
If amending name, enter the new name	of the corporation	<u>n:</u>	
ne new name must be distinguishable and breviation "Corp." or "Inc." "Company"			ncorporated" or the
Enter new principal office address, if a principal office address MUST BE A STRE			
		_ \	
Enter new mailing address, if applicab	ile:	David Oaks Hamson	Junora Association Inc
Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		Regal Oaks Homeov P. O. Box 20541 Bradenton, FL 3420	wners Association, Inc.
(Mailing address <u>MAY BE A POST OF</u> )	FICE BOX) r registered office	P. O. Box 20541 Bradenton, FL 3420  address in Florida, 6	04-0241
(Mailing address MAY BE A POST OF)  If amending the registered agent and/o new registered agent and/or the new re  Name of New Registered Agent:	FICE BOX)  r registered office gistered office add	P. O. Box 20541 Bradenton, FL 3420  address in Florida, 6 lress:	04-0241
(Mailing address MAY BE A POST OF)  If amending the registered agent and/o new registered agent and/or the new re	FICE BOX)  r registered office gistered office add	P. O. Box 20541 Bradenton, FL 3420  address in Florida, 6	enter the name of the
If amending the registered agent and/onew registered agent and/or the new remains of New Registered Agent:	FICE BOX)  r registered office gistered office add	P. O. Box 20541 Bradenton, FL 3420  address in Florida, 6 lress:	04-0241

. 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)

<u>Title</u>	Name	Address	Type of Action
<u>VP</u>	Ken Schoeppner		Add Remove
Sec.	Rev. Dan Maiden		☑ Add ☑ Remove
mal	John Rosson	37.15.61st.Dr. E Bradenton, El. 34203	☐ Add ☐ Remove
	g or adding additional Articles, enter c ional sheets, if necessary). (Be specific		
			. /31.

The date of each amendment(s) adoption:				
Effective date <u>if applicable</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	3-16-09			
Signature	Rose Mary Bridge			
(By hav	the chairman or vice 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)			
	Rose Marie Bridges (Typed or printed name of person signing)			
	President (Title of person signing)			