## N00809

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| Certified Copies                       | Certificates     | s of Status |
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| Special Instructions to F              | iling Officer:   |             |
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## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

| NAME OF CORPORATION           | DN:   | ners Association, Inc.      |   | <del></del>  |          |
|-------------------------------|---|-----------------------------|---|--|----------|
| DOCUMENT NUMBER: ,            | N00809  |                             |   |  |          |
| The enclosed Articles of Am   | endment and fee are subm                        | itted for filing.           |   |  |          |
| Please return all corresponde | ence concerning this matter                     | to the following:           |   |  |          |
| Stephanie Harris              |   |                             |   |  |          |
|                               | (   | Name of Contact Perso       | n)  |  |          |
| Signature Property Manager    | ment, Inc.                                      |                             |   |  |          |
|                               |   | (Firm/ Company)             |   |  |          |
| 459 NW Prima Vista Blvd       |   |                             |   |  |          |
|                               |   | (Address)                   |   |  | <u> </u> |
| Port St Lucie, FL 34983       |   |                             |   |  |          |
|                               | (   | City/ State and Zip Cod     | le)   | •  | <u></u>  |
| stephanie@signaturepropert    | symgmt.com                                      |                             |   |  |          |
| F.                            | -mail address: (to be used                      | for future annual report    | notification  | 1)   |          |
| For further information conc  | erning this matter, please of                   | all:                        |   |  |          |
| Stephanic Harris              |   | 77                          |   | 219-4474   |          |
|                               | (Name of Contact Person)                        |                             |   | (Daytime Telephone   | Number)  |
| Enclosed is a check for the f | ollowing amount made pay                        | able to the Florida Dep     | artment of  | State:   |          |
| ■ \$35 Filing Fee             | □S43.75 Filing Fee & I<br>Certificate of Status | ·                           | Certif<br>Certif  | 0 Filing Fee<br>feate of Status<br>fed Copy<br>tional Copy is<br>osed) |          |
| P.O. Box 6                    | nt Section<br>f Corporations                    | Ameno<br>Divisio<br>Cliftor | Address<br>dment Section of Corpor<br>Building<br>Executive C |  |          |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Eagle Lake Homeowners Association, Inc (Name of Corporation as currently filed with the Florida Dept. of State) N00809 (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: , Florida (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.

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: X Change X Remove X Add | <u>V</u> <u>Mi</u> | on Doe<br>ke Jones<br>lly Smith |                         |
|----------------------------------|--------------------|---------------------------------|-------------------------|
| Type of Action<br>(Check One)    | <u>Title</u>       | <u>Name</u>                     | <u>Addres</u> s         |
| 1) Change                        | T                  | Karen Berstein                  | 2978 SW Westlake Circle |
| XX Add                           |                    |                                 | Palm City, FL 34990     |
| Remove                           |                    |                                 |                         |
| 2) Change                        |                    |                                 | <del></del>             |
| Add                              |                    |                                 |                         |
| Remove                           |                    |                                 |                         |
| 3 ) Change                       | <del></del>        |                                 |                         |
| 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) |              |  |  |  |
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| I'he                     | date of each amer                    | dment(s) adopt   | 21 May 2019<br>ion:  | , if other than the |
|--------------------------|--------------------------------------|------------------|--|---------------------|
|                          | this document was                    |                  |  |                     |
| Effe                     | ective date <u>if appli</u> e        | able:            |  |                     |
|                          |                                      |                  | (no more than 90 days after amendment file date)   |                     |
|                          |                                      |                  | loes not meet the applicable statutory filing requirements, this date will n ment of State's records.        | ot be listed as the |
| Adoption of Amendment(s) |                                      | ent(s)           | (CHECK ONE)  |                     |
|                          | The amendment(s) was/were sufficient |                  | ed by the members and the number of votes cast for the amendment(s)  |                     |
|                          | There are no mem adopted by the bo   |                  | entitled to vote on the amendment(s). The amendment(s) was/were  |                     |
|                          | Dated                                | 28 May 2019      |  |                     |
|                          | Signature                            |                  | or vice chairman of the board, president or other officer-if directors                                       |                     |
|                          |                                      | have not been se | elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary) |                     |
|                          |                                      | Richard Ove      | ens  |                     |
|                          |                                      |                  | (Typed or printed name of person signing)  |                     |
|                          |                                      | President        |  |                     |
|                          |                                      |                  | (Title of person signing)  |                     |