Nogoddosisi

(Requestor's Name)
· - (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200181248402

05/28/10--01022--028 **52.50

10 MAY 28 PM 3: 02

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ration: <u>COLONIAL</u> C	ENTER PROPERTY C	WNEN'S ASSOCIA
DOCUMENT NUM	BER: 102000	002131	
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	CHARLES F.	MAURER, GR. Contact Person)	
DE	VELOPMENT ASSOCI	IATES OF BONITA S n/Company)	PPRINGS, INC.
	P.O. Box 3	66069 Address)	
	BONITA SPRING (City/Sta	3S, FL 34136 te and Zip Code)	
ace	Counting @ devel E-mail address: (to be use		25. Com
For further information	on concerning this matter, please	e call:	
CHARLES	F. MAULEN, Yn of Contact Person)	at (9611 × 5
	or the following amount made p		
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy
Amer Divis P.O. I	ng Address Idment Section Idment Sec	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

PROPERTY OWNER'S ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) (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:

The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"		
B. Enter new principal office address, if ap	pli <u>cable:</u>	
(Principal office address MUST BE A STRE		₹ A .
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		28 PM 3: 02 STATE STRIBA
D. If amending the registered agent and/or new registered agent and/or the new reg		enter the name of the
New Registered Office Address:	(Florida street address)	
New Registerea Office Hauress.	(1 tortuu sir eet uuur essy	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered position.		cept the obligations of the
	Signature of New Registered Agent, if c	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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>D</u> _	MICHAEL C MAUNER	P.O. BOX 366069 BONITH SPINNGS, R. 3413	□ Add ⊠ Remove
JUP	PATRICK EAKINS	6940 MISSION LN ET MYERS FL 33916	_ □ Add _ ⊠ Remove
OVP	TONYA SALLEE	36 S. PENNISYLVAINIA. 500 CENTURY RLDG INDIANAPOLIS, IN 462	Sr. ⊠ Add □ Remove
	ling or adding additional Articles, enter Iditional sheets, if necessary). (Be spect		

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>	<u>Name</u>	Address	Type of Action
<u>D</u> _	CHARLES F MAUNEN JA.	P.O. Box 366069 BONITA SPRINGS FL 34-136	Add Remove
	•		_ 🔲 Add
	·		Add Remove
	ding or adding additional Articles, enter or additional sheets, if necessary). (Be specificational sheets)		
		_	

The date of each amend	
Effective date if applica	
·	(no more than 90 days after amendment file date)
Adoption of Amendme	nt(s) (<u>CHECK ONE</u>)
The amendment(s) w was/were sufficient for	ras/were adopted by the members and the number of votes cast for the amendment(s) or approval.
There are no member adopted by the board	ors or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
Dated	5/10/10
Signat	Wollbright Slenn Predicant Donigate
	(By the chairman or 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)
	Albertrah Glenn (Typed or printed name of person signing)
	President Designate (Title of person signing)

Page 3 of 3