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SECRETARY OF STATE
TALLAHASSEE) FL

COVER LETTER

TO: Amendment Section Division of Corporations

PLANTATIC NAME OF CORPORATION:	ON OAKS HOMEO	WENRS ASSOCI	ATION OF BREV	ARD, INC.
N03000000400 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee		ing.		
Please return all correspondence concerning th	is matter to the foll-	owing:		
THERESA M. ZORN				
	(Name of C	Contact Person)		
ZORN'S TAX AND ACCOUNTING SERVIO	CES			
400	(Firm/	Company)		
40 NEVINS COURT				
	(A	ddress)		
MERRITT ISLAND, FLORIDA 32953				
	(City/ State	and Zip Code)		
ZORNSTAXACCOUNTING@YAHOO.CO	М			
E-mail address: (to	be used for future	annual report notifi	cation)	
For further information concerning this matter	r, please call:			
THERESA M ZORN		321 at	8771700	
(Name of Contact	:t Person)	(Area C	ode) (Daytime T	'elephone Number)
Enclosed is a check for the following amount	made payable to th	e Florida Departme	ent of State:	
\$\mathbb{E}\$\$ \$35 Filing Fee	g Fee & \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{	d Copy onal copy is	\$52.50 Filing Fee Certificate of State Certified Copy (Additional Copy Enclosed)	
Mailing Address		Street Add	lress	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

PLANTATION OAKS HOMEOWNERS ASSOCIATION OF BREVARD, INC.

(Name of Corporation a	s current	tly filed with the Florida Dept. of State)	
N03000000400				
(Docume	ent Numbe	er of Corporation (if known)		
cursuant to the provisions of section 617.1006, Florid mendment(s) to its Articles of Incorporation:	da Statute	s, this Florida Not For Profit Corporation	on adopts the f	ollowing
. If amending name, enter the new name of the	corporati	<u>on:</u>		
				The new
ame must he distinguishable and contain the word Company" or "Co." may not he used in the name.	"corporal	ion" or "incorporated" or the abbreviat	ion "Corp." o	r "Inc."
B. <u>Enter new principal office address, if applicab</u> Principal office address <u>MUST BE A STREET AD</u>	le: DDRESS))		
			\$£(7011
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2235 N COURTENAY PKWY	LE AH	1 AON 8102
		SUITE A	ASSI	<u>5</u>
		MERRITT ISLAND, FLORIDA 3295	3 (m.)	
D. If amending the registered agent and/or registered agent and/or the new registered	tered offi ed office a	ce address in Florida, enter the name o	of the	6
		. DeCAMP		
	2235 N C	COURTENAY PKWY, SUITE A		
New Registered Office Address:		(Florida street address)		
	MERRIT	T ISLAND FI	orida <u>32953</u>	
			(Zip Code)	-
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	legistered 1. I am fa	Agent: unditar with and accept the obligations of	f the position.	
_	-40	Signature of New Registered Scenarif cho	<u>LCU</u> anging	η

Page 1 of 4

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>	nn Doe ike Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	HILL, SHEREE	P.O. BOX 98
Add			TITUSVILLE, FL 32781-0098
Remove			
2) X Change	V	MONTGOMERY, NATHAN	P.O. BOX 98
Add			TITUSVILLE, FL 32781-0098
Remove 3) X Change	S	RANKIN, TAMARA	P.O. BOX 98
Add			TITUSVILLE, FL 32781-0098
Remove			
4) Change	Т	KICKLIGHTER, HEATHER	P.O. BOX 98
X Add			TITUSVILLE, FL 32781-0098
Remove			
5) Change	D	DAVIS, DARYL	P.O. BOX 98
X Add			TITUSVILLE, FL 32781-0098
Remove			
6) Change	S	SHIRLEY, PAMELA	P.O. BOX 98
Add			TITUSVILLE, FL 32781-0098
X Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
X REMOVE	VP	TAYLOR, KATHI	P.O. BOX 98			
·		,	TITUSVILLE, FL 32781-0098			
 -	 					
<u>.</u>						
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	·					
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	<u> </u>					
 						

	é date of éach amendment(s) a e this document was signed	idoption:	August	151	8106	, it other than the
Eff	ective date <u>if applicable</u> :	 eqo m	ore than 90 days att	er amendn	eon lile dates	-
	ier. If the date inserted in this bl amout's effective date on the Do			statutory fil	ing requirements, this di	ate will not be listed as the
٧d٠	iption of Amendment(8)	(CHE	(CK ONE)			
X	The amendmentis) was were a was were sufficient for approx	idopted by the	members and the m	amber of ve	otes east for the amendin	sent(×)
	There are no members or mem- adopted by the board of direct	abors omitted to	o vote on the amend	lmentis) - l	he amendment(s) was w	iere
	Dined	1/9/	(0)	-		
	have not be	ion selected, b	hairman of the boar y an incorporator of actory by that fiducing	t'in the har	t or other officer-if directed of a receiver, trustee,	Tafs . Of
		N	athan M	'ONF GO	omery rson signing)	

, . . .

vice president