N0300000 5659

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

Office Use Only



600350381366

09/11/20--01006--018 **43.75

Anund

COTION TO ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

ASHFORD PANAME OF CORPORATION:	ARK TOWNHOME ASSOCIATION INC.
N03000005659	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
TAMMI MORRISON	
	(Name of Contact Person)
ASHFORD PARK HOA	
	(Firm/ Company)
890 NORTHERN WAY , SUITE B2	
	(Address)
WINTER SPRINGS, FL 32708	
	(City/ State and Zip Code)
ASHFORDPARKTOWNHOMEHOA@GMA	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
TAMMI MORRISON	407 542-0367
(Name of Contact	Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida Department of State:
☐ \$35 Filing Fee ■\$43.75 Filing Certificate of	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ASHFORD PARK TOWNHOME OWNERS ASSOCIATION, INC.

(2)		
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N03000005659		[1]
(Document N	Sumber of Corporation (if known)	ठ
Pursuant to the provisions of section 617,1006, Florida S amendment(s) to its Articles of Incorporation:	statutes, this Florida Not For 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	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR	ESS)	
		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	l office address in Florida, enter t	he name of the
	nice address.	
Name of New Registered Agent: N/A		
New Registered Office Address:	(Florida stre	et address)
N/A		est. 1 f
	(Ciţy)	Florida (Zip Code)
New Registered Agent's Signature, if changing Regist	ored Agent:	
I hereby accept the appointment as registered agent. La	m familiar with and accept the oblig	gations of the position.
	 Signature of New Registered Age 	mt, 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	PT John Do Y Mike Jo SV Sally Si	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add	VP	TAMMI MORRISON	890 NORTHERN WAY, B2 WINTER SPRINGS, FL 32708
Permove Remove			
2) Change Add	()	PATRICA CRAGO	890 NORTHERN WAY, B2 WINTER SPRINGS, FL 32708
x Remove 3) Change Add Remove	<u>T</u>	CELESTE BEAZ	890 NORTHERN WAY, B2 WINTER SPRINGS, FL 32708
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee	ts, if necessary).	cles, enter change(s) here: (Be specific) RS STATED ABOVE AND CELESTE BEA	Z IS THE TREASURER

		
	1,000	
		
		
	9-1-2020	
The date of each amendment(s) adoption: date this document was signed.	9-1-2020	if other than the
Effective date if applicable:		
(ne	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	with members and the number of votes cast for the amendment(s)	

	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			
	9-3-2020 Dated			
	Signature Thy MINES			
	(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)			
	TAMMI MORRISON			
	(Typed or printed name of person signing)			
	VP			
	(Title of person signing)			

• , •