

N03000009670

Florida Department of State

Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
STONEWOOD MANOR HOMEOWNERS' ASSOCIATION, INC.

Certificate of Status	0
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5/15/2012

MAY 16 2012

T. LEMIEUX



May 15, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

STONEWOOD MANOR HOMEOWNERS' ASSOCIATION, INC.
20846 PINAR TRAIL
BOCA RATON, FL 33433US

SUBJECT: STONEWOOD MANOR HOMEOWNERS' ASSOCIATION, INC.
REF: N03000009670

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H12000131467
Letter Number: 812A00014425

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P.O. BOX 6327 - Tallahassee, Florida 32314

H12000131467

Articles of Amendment
to
Articles of Incorporation
of

STONEWOOD MANOR HOMEOWNER'S ASSOCIATION, INC.

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

N03000009670

(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 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:

(City)

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

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EMPIRE CORP KIT

PAGE 03/06

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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☒ Remove	<u>P</u>	<u>CHARLES R. VIGNE</u>	<u>1185 NW 185TH STREET</u> <u>CITRA, FL 32113</u>
2) ☐ Change ☒ Add ☐ Remove	<u>P/T/D</u>	<u>TOM VIGNE</u>	<u>825 NW 185TH STREET</u> <u>CITRA, FL 32113</u>
3) ☐ Change ☒ Add ☐ Remove	<u>VP/S/D</u>	<u>JOHN BHELOS</u>	<u>825 NW 185TH STREET</u> <u>CITRA, FL 32113</u>
4) ☐ Change ☐ Add ☐ Remove			
5) ☐ Change ☐ Add ☐ Remove			
6) ☐ Change ☐ Add ☐ Remove			

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The date of each amendment(s) adoption: 5/15/12

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated APRIL 1, 2012

Signature Charles R. Vigne
(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)

CHARLES R. VIGNE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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