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C. BRUMBLEY
JAN 27 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NORTH NAME OF CORPORATION:	WEST CAPE CORAL	NEIGHBORH - -	OOD AS:	SOCIATION. IN	C.
DOCUMENT NUMBER:	28				
The enclosed Articles of Amendment and	fee are submitted for fi	ting.			
Please return all correspondence concerni-	ng this matter to the foll	lowing:			
Cathy E. Eybs					
	(Name of C	Contact Person)		
NORTHWEST CAPE CORAL NEIGHB	ORHOOD ASSOCIAT	ION, INC.			
717	(Firm/	Company)			
511 NW 36th Place					
	(Ac	idress)			
Cape Coral, FL 33993					
	(City/ State	and Zip Code)		
Treasurer@nwcape.com					
E-mail address	: (to be used for future a	innual report n	otification	<u> </u>	
For further information concerning this ma	atter, please call:				
Cathy E. Eybs		239 at		283-0637	
(Name of Cor	ntact Person)		a Code)	(Daytime Telep	phone Number)
Enclosed is a check for the following amo	unt made payable to the	: Florida Depai	tment of	State:	
\$35 Filing Fee	of Status Certified	Copy nal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address		Street A	ddress	-	

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

(Name of Corporation as currently filed with the	he Florida D	ept. of State)			
NORTHWEST CAPE CORAL NEIGHBORHO	OD ASSOCI	ATION, INC.			
(Docu	ıment Numbe	er of Corporation (if	known)		
Pursuant to the provisions of section 617.1006, Flamendment(s) to its Articles of Incorporation:	orida Statute:	s, this <i>Florida Not F</i>	For Profit Corporation adopts the following		
A. If amending name, enter the new name of the	he corporation	on:			
N/A			The new		
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nan	rd "corporati ne.	ion" or "incorporate	ed" or the abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applic	able:	511 NW 36th Place			
(Principal office address MUST BE A STREET ADDRESS)		Cape Coral, Fl. 339	93		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2022 JAN		
D. If amending the registered agent and/or reg	istered office	e address in Florida	enter the name of the		
new registered agent and/or the new registe					
Name of New Registered Agent:	Cathy E. E.	ybs 	- F		
	511 NW 36	5th Place			
New Registered Office Address	;	(F	Florida street address)		
	Cape Coral		, Florida		
		(City)	(Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered A	Ngent: iliar with and accep	t the obligations of the position.		
_	Cax	thy E. Ey	No.		
	Sign	nature of New Reads	tered 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	PT John Do V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u>T</u>	David Marazon	4210 NW 27th Ln Cape Coral, FL 33993
2) Change Add	<u>T</u>	Cathy E. Evbs	511 NW 36th Pl Cape Coral, F1 43,44 >
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			
E. If amending or addin (attach additional sheet	ts, if necessary).	cles, enter change(s) here: (Be specific)	

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The date of each amendment date this document was signed	(s) adoptio	n:				, if other than the
Effective date if applicable:	1/1/2022					
metric date in applicable.		(no more than 90 de	ıys after amei	ndment file date)		
Note: If the date inserted in the document's effective date on the	is block doc	s not meet the appli	icable statutor			Il not be listed as the
Adoption of Amendment(s)		(CHECK ONE)				
The amendment(s) was/w was/were sufficient for ap	ere adopted oproval.	by the members and	d the number	of votes cast for	the amendment(s	s)

Ш	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 1/3/2027 Signature Cathy & Galor
	(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)
	Cathy E. Eybs
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)