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COVER LETTER

TO: Amendment Section Division of Corporations

·				
NAME OF CORPOR	ATION: <u>Casa</u>	Villanova	a Homeowners	Asc, In
DOCUMENT NUMB	er: <u>NO3000</u>	009856		
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
-	Hal K	Name of Contact Person		
	Casa		'C,	
_	2209 Ha	Firm/Company with Lan	L	
_	Winter Part	Address City/ State and Zip Code	<u> </u>	
-	E-mail address: (to be us	ed for future annual report no	otification)	
For further information	concerning this matter, pleas	e call:		
Hal	Ræn	at (<u>4</u> 07)	758-9090	
Name of	Contact Person	Area Code	& Daytime Telephone Number	_
Enclosed is a check for	the following amount made p	payable to the Florida Depart	ment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address	Street Ac Amendme	Idress ent Section	

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

(Name of Corporation as currently i	iled with the Florida Dept. of State)
NO300009856	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
-	The new
name must be distinguishable and contain the word "corporation," "cor" Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered." "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2209 Hawler CANE WINTER PARK FLA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	277 JUN -3 PALLAHASSEE
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent Hal Ro	en 2
New Registered Office Address: Winter Pa	ity) All Care Florida 32792 (Zip Code)

Signature of New Registered 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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) X Change	PT Russ Morgan	2211 Hawick Lane Witer Past, FC 32792
Add	J	Water Past, FC 32792
X Remove		
2) Change	PT Hal Roen	2209 Hawicklane
X Add		Wigher Park, FC 32792
Remove 3) Change		2022
Add		A L
Remove		-3 F
4) Change		F.F. ESTATE
Add		# 22
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	. (Be specific)				
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f an <u>amendment provides for an exc</u>	-b	allation o	ficewood charge		
, an amendment provides for an exc	endment if not contain	ned in the amenda	ent itself:		
provisions for implementing the am					
provisions for implementing the am (if not applicable, indicate N/A)					
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provisions for implementing the am					

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Fffective date if applicable:	
(no more the	in 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap- document's effective date on the Department of State's record	oplicable statutory filing requirements, this date will not be listed as the is.
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, action was not required.	or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	S_{α}^{α}
"The number of votes cast for the amendment(s) was	were sufficient for approval FLORE RECTALL 22
by(voting group)	TATE GRIBA
Dated	,
Signature	
(By a director, president or other expected, by an incorporator – if i	officer - if directors or officers have not been n the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduci	
1fac	loe
(Typed or prin	ited name of person signing)
Preside	ENT OF ASSOCIATION
(Title of perso	n signing)