N04000006306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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01/14/05--01009--007 **52.50

FILED
05 JAN 11 PM 2:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/13/05
NLC Amend
SB

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 28, 2004

Keith John Williams
Crooked Lake Estates Homeowners Assoc.
32618 Wekiva Pines Blvd.
Sorrento, FL 32776

SUBJECT: CROOKED LAKE ESTATES HOMEOWNERS ASSOCIATION INC.
Ref. Number: N04000006306

We have received your document for CROOKED LAKE ESTATES HOMEOWNERS ASSOCIATION INC. and check(s) totaling $60.00. However, your check(s) and document are being returned for the following:

You submitted the wrong form to change the name of a nonprofit corporation. Enclosed is the correct form. The fee to file the amendment and obtain a certified copy and certificate of status is $52.50. Also the word "Association is misspelled in both the old and new name. Please correct.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 604A00071669

RECEIVED
05 JAN 11 AM 9:22
DIVISION OF CORPORATION

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CROOKED LAKE ESTATES HOMEOWNERS ASSOCIATION INC.

DOCUMENT NUMBER: N04000006306

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEITH JOHN WILLIAMS
(Name of Contact Person)

CROOKED LAKE ESTATES HOMEOWNERS ASSOCIATION INC.
(Firm/ Company)

32618 WEKIVA PINES BLVD.
(Address)

SORRENTO, FL 32776
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

KEITH JOHN WILLIAMS at (352) 383-6339
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $35 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☑ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILED
05 JAN 11 PM 2:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CROOKED LAKE ESTATES HOMEOWNERS ASSOCIATION INC.
(Name of corporation as currently filed with the Florida Dept. of State)

N04000006306
(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:

NEW CORPORATE NAME (if changing):

CROOKED LAKE ESTATE HOMEOWNERS ASSOCIATION INC.
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

-0-

(Attach additional pages if necessary)

(continued)

The date of adoption of the amendment(s) was: December 15th 2004

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 was sufficient for approval.

☑ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 15th day of DECEMBER, 2004.

Signature K Williams
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

KEITH JOHN WILLIAMS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: $35