

No 40000008890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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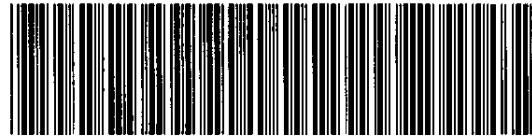
(Business Entity Name)

(Document Number)

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2010 JUL -8 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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7/20/10

*00789, 00721, 00547, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Blackwood Forest Homeowners Assoc.

DOCUMENT NUMBER: NO4000008890

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

Please return all correspondence concerning this matter to the following:

Jenice N Moya
(Name of Contact Person)

Bcm services
(Firm/ Company)

920 3rd Street, Suite B
(Address)

Neptune Beach, FL 32266
(City/ State and Zip Code)

Jmoya@bcmervices.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenice Moya at (904) 242-0666 EXT-12
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2010

Jenice N. Moya
BCM Services
920 3rd Street, Suite B
Neptune Beach, FL 32266

SUBJECT: BLACKWOOD FOREST HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N04000008890

We have received your document for BLACKWOOD FOREST HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 210A00015179

RECEIVED
JUL 1 - 8 AM 8:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Articles of Amendment
to
Articles of Incorporation
of

FILED

2010 JUL -8 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Blackwood Forest Homeowners Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO4000008890

(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:

New Registered Office Address:

(Florida street 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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Robert E. Riva Jr</u>	<u>4907 Monroe Forest</u> <u>Drive</u> <u>Jacksonville, FL 32257</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>V.D1</u>	<u>Alan McCormick</u>	<u>4826 Monroe Forest</u> <u>Drive</u> <u>Jacksonville, FL 32257</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>V.D2</u>	<u>Timothy J. McMillan</u>	<u>4913 Monroe Forest</u> <u>Drive</u> <u>Jacksonville, FL 32257</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Page 2 of 3

The date of each amendment(s) adoption: _____

5-18-10
(date of adoption is required)

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

7/14/10

Signature

[Signature]

(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)

PATRICK E. KIVA, JR.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)