N06000001478

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION	Old Cypress Homeow	ners Association, Inc		
	N06000001478			
DOCUMENT NUMBER:				
The enclosed Articles of Am	nendment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Patricia A. Scheiner				
	. (Name of Contact Perso	n)	
		(Firm/ Company)		
120 S. Olive Ave, Ste. 200				
•		(Address)		
West Palm Beach, FL 3340	1			
	(City/ State and Zip Cod	le)	
ļ-	-mail address: (to be used t	for fitture annual report	notification	Y
For further information conc		•	not	,
Frank Skelly		56	=	354-8776
	(Name of Contact Person)	at (A		(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Dep	artment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fec cate of Status ed Copy ional Copy is sed)
Mailing A	ddress	Street	Address	

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

Old Cypress Homeowners Association, Inc.			
(Name of Corporation as curren	tly filed with the Florid:	a Dept. of State)	
N06000001478			
(Document Numb	er of Corporation (if known	wn)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For F</i>	Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporati	on:		
N/A		The new	
name must be distinguishable and contain the word "corporate	ion" 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:	N/A	三	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		皇帝 宝	
		57 2	
		22	
0.7			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
(<u>sa</u>			
		•	
D. If amending the registered agent and/or registered office		iter the name of the	
new registered agent and/or the new registered office a	adress:		
Name of New Registered Agent: N/A			
New Registered Office Address:	(Florida street address)		
<u>New Registerea Office Adaress</u> .			
·····		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am fa		e obligations of the position.	
	•		
	ignature of New Register	ed 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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	Tony Panebianco	120 S. Olive Ave
XX Add			Ste. 200
Remove			West Palm Beach, FL 33401
2) Change	D	Tami Skelly	120 S. Olive Ave
XX Add			Ste. 200
Remove			West Palm Beach, FL 33401
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			-
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
N/A	
	··
 	

Γh	e date of each amei	idment(s) adoption:		, if other than the
late	this document was	signed.		
Eff	ective date <u>if appli</u>	cable:		
		<u>(</u> n	no more than 90 days after amendment file date)	
		ed in this block does ate on the Department	not meet the applicable statutory filing requirements, this date will not let of State's records.	be listed as the
٩d٠	option of Amendm	ent(s)	CHECK ONE)	
	The amendment(s was/were sufficient		y the members and the number of votes cast for the amendment(s)	
	There are no mem adopted by the bo		tled to vote on the amendment(s). The amendment(s) was/were	
	Dated	12/15/15		
	Signature			_
		have not been select	vice chairman of the board, president or other officer-if directors ed, by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	
		Frank Skelly		
		-	(Typed or printed name of person signing)	
		Vic	e President	,
			(Title of person signing)	