

NO6000005398



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Laura Keysor
Executive Assistant to the President/COO

Engineered for living.

1155 S. Semoran Blvd. Suite 1120 Winter Park, FL 32792
407-571-4352 lkeysor@engineeredhomes.com

☐ PICK-UP ☐ WAIT ☐ MAIL

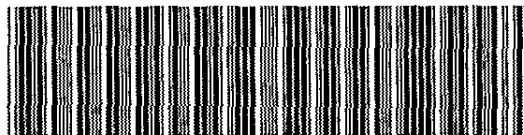
(Business Entity Name)

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2006 OCT -5 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N.C.

G. Couffette OCT 09 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2006

THE ENCLAVE/HIAWASSEE HOMEOWNERS' ASSOCIATION, INC.
LAURA KEYSOR
1155 S. SEMORAN BLVD., STE. 1120
WINTER PARK, FL 32792

SUBJECT: THE ENCLAVE/HIAWASSEE HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N06000005398

We have received your document for THE ENCLAVE/HIAWASSEE HOMEOWNERS' ASSOCIATION, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 106A00057543

RECEIVED
26 OCT -5 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Enclave/Hiawassce Homeowner's Association, Inc.

DOCUMENT NUMBER: H06 000 137 049

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

Please return all correspondence concerning this matter to the following:

Jeffrey Porter P.E.

(Name of Contact Person)

Engineered Homes Inc.

(Firm/ Company)

1155 S. Semoran Blvd Suite 1120

(Address)

Winter Park FL 32792

(City/ State and Zip Code)

For further information concerning this matter, please call:

Jeff Porter

(Name of Contact Person)

at (407) 571-4347

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

The Enclave Hiawassee Homeowners' Association Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

NO6000005398

(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):

Enclave at Hiawassee 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)**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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The date of adoption of the amendment(s) was: 9/14/06

Effective date if applicable: 9/14/06
(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.

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.)

Steven M. O'Daniel
(Typed or printed name of person signing)

Director
(Title of person signing)

FILING FEE: \$35