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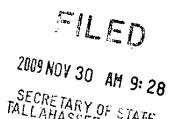
### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	Enclave	Sabal	Pointe	Condominiu	m Assoc. Inc.
DOCUMENT NUMBER: NO	600000583	31			
The enclosed Articles of Amendm	ent and fee are	submitte	i for filing.		
Please return all correspondence co	oncerning this	matter to	the followin	ng:	
	Nancy	McDona	ıld		
<del></del>	(Nam	e of Conta	act Person)		
		Manage Firm/ Con		roup, Inc.	
	16554	Cagan (Addre		ngs_Blvd_#4	
<del></del>			3471 Zip Code)	4	<del></del>
E-mail			gan, coi	m al report notification	on)
For further information concerning	•				
Nancy McDonald		8		)242-2444	T. 1 . N. 1 . )
(Name of Contact P Enclosed is a check for the follow		ade navahi	,	•	Telephone Number)
\$35 Filing Fee	Filing Fee & e of Status		3\$43.75 File Pertified Cop Additional Conclosed)	ling Fee &	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sectio Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations		Ame Divis Clift	et Address ndment Section sion of Corporations on Building Executive Center C	·

Tallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation of



Enclave Sabal Pointe Cor			Inc.	MALLAHASSEE, FLORIDA
(Name of Corporation as curr	rently filed	with the Flori	ida Dept. o	of State)
N)6000005				
(Document Nur	mber of Cor	poration (if kr	nown)	
suant to the provisions of section 617.1006, following amendment(s) to its Articles of I			rida Not I	For Profit Corporation adop
If amending name, enter the new name o	of the corpo	oration:		
new name must be distinguishable and c reviation "Corp." or "Inc." <u>"Company" (</u>				
Enter new principal office address, if app ncipal office address <u>MUST BE A STREI</u>		<u></u>		and the second s
Enter new mailing address, if applicable Mailing address <u>MAY BE A POST OFF</u>		<del></del>		
		<del></del>		<del> </del>
If amending the registered agent and/or			in Florid	a, enter the name of the
new registered agent and/or the new reg	<u>istered offi</u>	ce address:		
Name of New Registered Agent:	_			
New Registered Office Address:		(Florida stree	t address)	
				, Florida
		(City)		(Zip Code)
Registered Agent's Signature, if chang reby accept the appointment as registere tion.			with and	accept the obligations of
	Signatura	f New Registe	rad 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>	Name	Address	Type of Action
Pres_	Nancy McDonald	16554 Cagan Crossings Blvd #4 Clermont, FL 34714	Add Remove
<u>V P</u>	Isadore Cagan	1655 <u>4 Cagan Crossings</u> Blvd #4 Clermont, FL 34714	Add Remove
Sec	Roger Carlson	2500 S. Highland Ave #360 Lombard, IL 60148	Add Remove

## Please Remove the following:

DB	Leroy Goldstein	2148 54th Ave South St. Petersburg, FL	33712
DV	Pam Gray	2148 54th Ave South St. Petersburg, Fl	33712
DST	Lynn Camarco	2148 54th Ave South St. Petersburg, FL	33712

The date of each amendment	(s) adoption: October 20, 2009
Effective date if applicable:	(date of adoption is required) October 20, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or n adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated <u> </u>	1/20/09
Signature	y cey -
hav	the chairman or vice chairman of the board, president or other officer-if directors on the not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Isadore Cagan
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)

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