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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Andover Hom</u>	neowners Association c	of Polk County, Inc.	
DOCUMENT NUMBER: NO 60000 13	2601	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee are subr	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Donald L. St	oltz		
(Name of C	Contact Person)	<del></del>	
Andover Homeowners (Firm/	Association of Polk (Company)	County, Inc.	
10 Box 2401			
(A	ddress)		
Daven port FL (City/State	33836		
•			
dis 21420 acl. C E-mail address: (to be used	om for future annual report notificati	ion)	
For further information concerning this matter, please		,	
Donald L Stoltz (Name of Contact Person)	at ( <u>467</u> ) <u>414-</u> (Area Code & Daytime	2730 Telephone Number)	
Enclosed is a check for the following amount made pa		-	
\$35 Filing Fee \$\square\$ \$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 Of Tallahassee, FL 32301	s	

## **Articles of Amendment**

10 APR 29 PM 1:15 Articles of Incorporation Andover Homeowners Association of Polk Count (Name of Corporation as currently filed with the Florida Dept. of State) NO600012601 (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 nan	ne must be	e distingu	ishable and	contain	the word	"corporation"	or "	'incorporated'	or the
abbreviation	"Corp." c	or "Inc."	"Company"	or "Co.	" may not	be used in the	nam	<u>e</u> .	
									_

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)

P.O. Box 2401 Davenport, FL 33836

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:

Donald L Stoltz

1251 Merrimack Dr.
(Florida street address)

New Registered Office Address:

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

Page 1 of 3

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>	Type of Action
PD	Brenda Jones	PO Box 2401 Devenport FL 33	
<u>uv</u>	Shirley Robles	Pobox 2401 Davenport FL 33	図 Add 8ラレ 日 Remove
SD	Dawn Simone	Po Box 2401 Devenyort FL 339	Add ☐ Remove
	ng or adding additional Articles, end ditional sheets, if necessary). (Be spe		
<u></u>			

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	<u>Address</u>	Type of Action
TD	Donald Stoltz	POBOX 2401 Davenport FL 33836	Add Remove
PD	Joel D. Adams	3020 S. Florida Ave Suite 101 Lakeland, FL 33803	☐ Add Aemove
<u> </u>	Robert J. Adams	30205. Florida Ave Suite 101 Lakeland FL 33803	
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific		
<u>.</u>			

## 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
<u>std</u>	George M. Lindsey TT	3020 S. Florida Ave. Suite 101 Lakeland FL 33803	Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	or adding additional Articles, enterional sheets, if necessary). (Be spec		

The date of each amendment(	s) adoption: <u>04-06-2010</u>
	(date of adoption is required)
Effective date if applicable:	04-06-2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for approx	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or madopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated <u>O</u> Signature	Donald L Stoltz
(By t	he chairman or vice chairman of the board, president or other officer-if directors
	not been selected, by an incorporator - if in the hands of a receiver, trustee, or
	court appointed fiduciary by that fiduciary)
	Donald L Stoltz
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)

17. <sub>1648</sub>