NDU318

(Re	equestor's Name)		
. (Ac	(Address)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Do	ocument Number)	_	
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Country Lane	Homeowners Associati	on, Inc.
DOCUMENT NUM	BER: N06318		
The enclosed Article.	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
		ph Johnson	
	(Name of	f Contact Person)	
	(Firm	n/ Company)	
	 v	awndale Circle	
	(Address)	
		Park, FL 32792	
	(City/ Sta	ate and Zip Code)	
		HOTMAIL.COM ed for future annual report notific	ation)
For further information	on concerning this matter, pleas	se call:	
JOSEPH JOHNS		at (407) 67	7-5927
·	of Contact Person)		
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	nt of State:
	☐ \$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)
	ing Address ndment Section	Street Address Amendment Section	
Divis	ion of Corporations	Division of Corporati	ons
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Cente	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curr			
		ne Fiorida Dept. of St	<u>ate</u>)
	N06318 (Document Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:			
A. If amending name, enter the new name o	of the corporation	<u>n:</u>	
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" or			corporated" or the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		1614 Lawndale Circle	
		Winter Park, FL 32792	
(Mailing address MAY BE A POST OFFI D. If amending the registered agent and/or new registered agent and/or the new registered	registered office		ter the name of the
Name of New Registered Agent:	JOSE	PH JOHNSON	
New Registered Office Address:	(Flori	awndale Circle da street address) TER PARK (City)	 , Florida 32792 (Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered	ng Registered A d agent. I am	gent:	pt the obligations of the
position.		Registered Agent, if ch	inging
	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
Р	JOHN F. HOLLAND III	P.O. BOX 503	
		GOLDENROD, FL 32733	☐ ☑ Remove
T	DOUGLAS C. WHITE	P.O. BOX 503	Add
		GOLDENROD, FL 32733	☐ Remove
D	CHRISTINA LAWHORN	P.O. BOX 503	
		GOLDENROD, FL 32733	☐ Remove
			
E. <u>If amen</u>	ding or adding additional Articles, en	ter change(s) here:	
(attach c	ndditional sheets, if necessary). (Be sp	ecific)	
		·	
	100 C		
		······································	
	•		
			
	VIII.		

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>D</u>		LORI SJOBERG	P.O. BOX 503 GOLDENROD, FL 32733	☐ Add ☐ Remove
<u>P</u>	•	LORI SJOBERG	P.O. BOX 503 GOLDENROD, FL 32733	☑ Add ☐ Remove
<u>s</u>		MARY ANN HOLLMAN	P.O. BOX 503 GOLDENROD, FL 32733	✓ Add ☐ Remove
E. <u>If amer</u>	nding addit	or adding additional Articles, enter of ional sheets, if necessary). (Be specificational sheets)	change(s) here:	
		(De specific		
				

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>	Address	Type of Action
S	JON JONES	P.O. BOX 503	□ Add
		GOLDENROD, FL 32733	☑ Remove
т	JON JONES		
<u>T</u>	3011 301123	P.O. BOX 503	☑ Add ☐ Remove
		GOLDENROD, FL 32733	. L. Kemove
			-
			Add
			Remove
			-
E. If amendin	g or adding additional Articles, enter o	change(s) here	
(attach add	itional sheets, if necessary). (Be specifi	ic)	
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The date of each amendment(s) ad	loption: 9116/10
Effective date if applicable:	(date of adoption is required)
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or memb adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated_SEPTEM	IBER 16, 2010
Signature	Jos. G. Sia
have not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
	LORI SJOBERG
_	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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