N0700003233

(Requestor's Name)
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C. GOLDEN AUG 22 2017

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:	Hammock Flomeowners Association, Inc.
NO7000003283	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	smatter to the following:
Gary Waldron	
	(Name of Contact Person)
	(Firm/ Company)
	(rum/Company)
5315 SW 40TH Avenue	
	(Address)
Dania, FL 33314	
	(City/ State and Zip Code)
villasoakhoa@gmail.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	please call:
Gary Waldron	(954) 966-0540 at
(Name of Contact F	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S	Fee & \$\Bigcup \\$43.75 \text{ Filing Fee & } \$\Bigcup \\$52.50 \text{ Filing Fee } \$\text{Certified Copy } \$\text{Enclosed}\$
Mailing Address	Street Address
Amendment Section	Amendment Section

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle



July 26, 2017

GARY WALDRON 5315 SW 40TH AVENUE DANIA, FL 33314

SUBJECT: VILLAS AT OAK HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N07000003283

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Claretha Golden Regulatory Specialist!

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Letter Number: 017A00015066

Articles of Amendment to Articles of Incorporation of

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2017 AUG 18 PM 4: 10

Villas At Oak Hammock Homeowners Association, Inc.		<u> </u>
(Name of Corporation as curre	ently filed with the Fl	orida Dept. of State) TALLARACORE, i
₹07000003283		
(Document Nun	nber of Corporation (if	known)
results to the provisions of section 617,1006. Florida Statumendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not I</i>	For Profit Corporation adopts the following
If amending name, enter the new name of the corpora	ition:	
		The new
ime must be distinguishable and contain the word "corpor Company" o <mark>r "Co." may not be used in the name</mark> .	cation" or "incorporat	ed" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u> .	<u>S</u>)	.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-	
. If amending the registered agent and/or registered of new registered agent and/or the new registered office		a, enter the name of the
Name of New Registered Agent:		
	•	Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registere nereby accept the appointment as registered agent. I am,	ed Agent: familiar with and acce	ot the obligations of the position.
	Signature of New Reg	istered 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	<u>V</u> <u>M</u> i	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Moises Gorin	5315 SW 40th Avenue
Add			Dania, FL 33314
X Remove			
2) Change	b	Walter Mostert	5327 SW 40th Avenue
X Add			Dania, FL 33314
Remove			
3) Change			
Add			
Remove			
_			
4) Change			
Add Remove			
51 Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)	
<u></u>		
<u></u>		

		_

	05/30/2017	
The date of each amendmen date this document was signed		, if other than the
Effective date <u>if applicable</u> :	05/30/2017	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for a	vere adopted by the members and the number of votes cast for the amendment pproval.	(s)
There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	8/15/17	
Signature	Jany Waldron	
have	chairman or vice chairman of the board, president or other officer-if director not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	GARY L. WALDRON	
_	(Typed or printed name of person signing)	-
	President	
_	(Title of person signing)	-