# N0700004045

(Re	questor's Name	)
(Ad	dress)	
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(Cit	ty/State/Zip/Phor	ne #)
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05/15/09--01031--001 \*\*35.00





#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: HAWKS LANDING	HOMEOWNERS ASSOCIATION	OF CLAY COUNTY, INC
DOCUMENT NUM	BER:N07000004045	j	
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
		nn B. Moss	
	(Name of	f Contact Person)	
		ss & Fulton, P.A.	-
	(Firm	n/ Company)	
		ss Center Dr., Ste. 4	
	(.	Address)	
	<u>.~</u>	sland, FL 32003	
	(City/ Sta	ate and Zip Code)	
	E-mail address: (to be use	ed for future annual report notific	cation)
For further information	on concerning this matter, pleas	se call:	
John B. Moss		at (904) 278-820	00
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	nt of State:
☑\$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)
	ng Address ndment Section	Street Address Amendment Section	,
Divis	ion of Corporations	Division of Corporati	ons
	Box 6327	Clifton Building	Cil-
ı aliai	hassee, FL 32314	2661 Executive Cente	er Circie

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

HAWKS LANDING HOMEOWNERS ASSOCIATION OF CLAY COUNTY, INC.

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

#### N07000004045

(Document Number of Corp	poration (if known)	三三 5
Pursuant to the provisions of section 617.1006, Florida Stathe following amendment(s) to its Articles of Incorporation		Corporation adopts
A. If amending name, enter the new name of the corpor	ration:	
The new name must be distinguishable and contain the vabbreviation "Corp." or "Inc." "Company" or "Co." ma		rated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>SS</u> )	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Post Office Box 2105	
	Orange Park, FL 3206	7-2105
D. If amending the registered agent and/or registered on new registered agent and/or the new registered office.		he name of the
Name of New Registered Agent:		
New Registered Office Address:	Florida street address)	
	, F	lorida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I position.		e obligations of the
	CM. D	

Signature of New Registered 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>	<u>Name</u>	Address	Type of Action
<u>DP</u>	L. John Wright, Sr.	1712 Kingsley Ave., Ste. 1 Orange Park, FL 32073	☐ Add ☐ Remove
DPST	Kathleen M. Wright	1712 Kingsley Ave., Ste. 1 Orange Park, FL 32073	∠ ☑ Add □ Remove
			☐ Add ☐ Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be speci		
-		o (APA + Barthadon a sa a barbar	

The date of each amendmen	t(s) adoption: May 14, 2009
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	are adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	2.14.09
Signature _	
(By	the chairman of vice chairman of the board, president or other officer-if directors be not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Udna R. Moss
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COI	RPORA	TION: HA	WKS L	ANDING	HOMEOWN	ERS	ASSO	OCIA	TION	0F	CLAY	COUNTY,	INC.
DOCUMENT N	<b>UMBE</b>	:R: <u>N07</u>	0000	04045								· .	
The enclosed Arr	ticles of	Amendmen	at and fo	ee are sub	mitted for	filing	ζ.						
Please return all	correspo	ondence con	cerning	g this matt	er to the fo	ollow	ing:						
_			<u></u> -		n B. Mos							_	
			(	(Name of	Contact Po	erson	)						
<u>-</u>			He	ead, Mos	s & Fult	on, F	P.A.					_	
				(Firm	/ Compan	y)							
			1530	Busines	s Center	Dr.,	Ste.	4					
_				( <i>A</i>	Address)							-	
_			Fle	eming Is	land, FL	320	03					_	
			(	(City/ Stat	e and Zip	Code	)						
_		E-mail ad	ldress:	(to be used	d for futur	e ann	ual re	port	notific	atio	n)	_	
For further inform	mation o	concerning t	his mat	ter, please	e call:								
John B. M					at (	904	·	27	8-82	00			
(N	lame of	Contact Per	son)			(Are	ea Co	de &	Dayti	me ]	relepho	ne Numbe	r)
Enclosed is a che	ck for t	the following	g amou	nt made p	ayable to	the Fi	orida	Dep	artmer	nt of	State:		
		□ \$43.75 F Certificate of			□ \$43 Certif (Addi enclo	ied Co tional sed)	ору сору	/ is			Certifi Certifi (Addit	.50 Filing cate of State Copy ional Copy closed)	tus
]	Amendn Division P.O. Box	Address nent Section of Corporation 6327 see, FL 32314				Am Div Clif 266	ision fton B 1 Exe	ent S of Co uildin cutiv	ection orporati	er Cir	role		

## **Articles of Amendment Articles of Incorporation** of

HAWKS LANDING HOMEOWNERS ASSOCIATION OF CLAY COUNTY, INC.

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

#### N07000004045

(Document Number of Corporation (if known)

ne new name must be distinguishable and construction "Corp." or "Inc." "Company" of			corporated" or the
Enter new principal office address, if apprincipal office address MUST BE A STREE			
Enter new mailing address, if applicable		Post Office Box 21	05
(174 ming dutil 655 Maria 2007 Maria 1967 Ma	<u> </u>	Orange Park, FL	32067-2105
TP	rogistered offic	e address in Florida, et	nter the name of the
new registered agent and/or the new registered Agent:  Name of New Registered Agent:			
new registered agent and/or the new regis	stered office ac		
Name of New Registered Agent:	stered office ac	rida street address)  (City)	, Florida(Zip Code)

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>	Address	Type of Action
<u>DP</u>	L. John Wright, Sr.	1712 Kingsley Ave., Ste. 1 Orange Park, FL 32073	☐ Add ☐ Remove
DPST	Kathleen M. Wright	1712 Kingsley Ave., Ste. 1 Orange Park, FL 32073	☐ Add ☐ Remove
			Add Remove
	g or adding additional Articles, enter of tional sheets, if necessary). (Be specifi		

The date of each amendment(s) adoption: May 14, 2009				
Effective date if applicable:	(no more than 90 days after amendment file date)			
	(no more than 30 days after amenament five date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.			
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.			
Dated	5.14.09			
Signature _ (B	y the chairman of the board, president or other officer-if directors			
ha	ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or ner court appointed fiduciary by that fiduciary)			
	John R. Mes			
	(Typed or printed name of person signing)			
	(Title of person signing)			
	(Title of pekson signing)			

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