

| (Requestor's Name)                      |  |  |  |
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| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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SECRETARY OF STAT

R. WHITE AUG 1 4 2018



August 1, 2018

BELINDA RYAN WHIHELMSON LCAM 770 ALMOND ST STE A CLERMONT, FL 34711

SUBJECT: HIGHLAND GROVES PHASES II AND III HOMEOWNERS

ASSOCIATION, INC.

Ref. Number: N07000004256

We have received your document for HIGHLAND GROVES PHASES II AND III HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Rebekah White Regulatory Specialist II

Letter Number: 818A00015846

18 AUG 13 FK 2: P

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| Highland ONAME OF CORPORATION:                   | Grove Phases II& II I   | Homeowners Ass      | sociation, Inc   |             |
|--|---|---------------------|--|-------------|
| N07000004250                                     | 6   |                     |  |             |
|  |   |                     |  |             |
| The enclosed Articles of Amendment and fe        | e are submitted for fili                                      | ng.                 |  |             |
| Please return all correspondence concerning      | this matter to the follo                                      | wing:               |  |             |
| Belinda Ryan Wilhelmson                          |   |                     |  |             |
|  | (Name of Co   | ontact Person)      |  |             |
| Empire Management Group, Inc                     |   |                     |  |             |
|  | (Firm/ C  | Company)            |  |             |
| 770 Almond Street Ste A                          |   |                     |  |             |
|  | (Ad   | dress)              |  |             |
| Clermont, FL 34711                               |   |                     |  |             |
|  | (City/ State a  | and Zip Code)       |  |             |
| belinda@empiremanagementgrp.com                  |   |                     |  |             |
| E-mail address: (                                | to be used for future ar                                      | nual report notific | ation)   |             |
| For further information concerning this matt     | er, please call:  |                     |  |             |
| Belinda Ryan Wilhelmson                          |   | 352<br>at           | 535-0099   |             |
| (Name of Conta                                   | ict Person)   |                     | de) (Daytime Telepl  | one Number) |
| Enclosed is a check for the following amoun      | it made payable to the  | Florida Departmer   | nt of State:   |             |
| □ \$35 Filing Fee □\$43.75 Filing Certificate of | ng Fee & S43.75 Fi of Status Certified ( (Additions enclosed) | Copy Cal copy is C  | 52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>Additional Copy is<br>Enclosed) |             |
| Mailing Address                                  |   | Street Address      |  |             |

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

Highland Grove Phases II& II Homeowners Association, Inc.

2018 AUG 13 AM 10: 01

(Name of Corporation as currently filed with the Florida BERGETARY OF STATE TALLAHASSEE. FL N07000004256 (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: NA name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. NA B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NA (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: (City) 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

'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>Mik</u> | n Doe<br>e Jones<br>y Smith |                          |
|----------------------------------|---------------------|-----------------------------|--------------------------|
| Type of Action<br>(Check One)    | <u>Title</u>        | <u>Name</u>                 | <u>Addres</u> s          |
| 1) Change                        | Р                   | Mercy Nyman                 | 770 Almond St.           |
| X Add                            | _ <del>_</del>      |                             | Ste A                    |
| Remove                           |                     |                             | Clermont, FL 34711       |
| 2) Change                        | VP                  | Ashley Porcello             | 770 Almond St            |
| Add                              |                     |                             | Ste A                    |
| Remove                           |                     |                             | Clermont, FI 34711       |
| 3 ) Change                       |                     | Melinda Weprin              |                          |
| Add                              |                     |                             |                          |
| Remove                           |                     |                             | 48-1 100-10 ASSES 1-0144 |
| 4) Change                        |                     |                             |                          |
| Add                              | _ <del></del>       |                             |                          |
| Remove                           |                     |                             |                          |
| 5) Change                        |                     |                             |                          |
| Add                              |                     |                             |                          |
| Remove                           |                     |                             |                          |
| 6) Change                        |                     |                             |                          |
| Add                              |                     |                             |                          |
| Remove                           |                     |                             |                          |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| NA  |  |  |  |  |  |  |
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| The date of   | each amendo                      | July 17, 2018   | , if other than the |
|---------------|----------------------------------|---|---------------------|
| date this doc | ument was sig                    | ned.  |                     |
| Essective da  | te <u>if applicab</u>            | July 17, 2018<br>Ie:  |                     |
|               |                                  | (no more than 90 days after amendment file date)  |                     |
|               |                                  | in this block does not meet the applicable statutory filing requirements, this date will n<br>on the Department of State's records.   | ot be listed as the |
| Adoption o    | f Amendment                      | (s) ( <u>CHECK ONE</u> )  |                     |
|               | endment(s) w<br>re sufficient fi | as/were adopted by the members and the number of votes east for the amendment(s) or approval.   |                     |
|               | are no member<br>d by the board  | s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.  |                     |
|               | Dated _                          | August 9, 2018  |                     |
|               | Signature                        |   |                     |
|               | (B                               | y the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary) |                     |
|               |                                  | Dr. Mercy Nyman   |                     |
|               |                                  | (Typed or printed name of person signing)   |                     |
|               |                                  | President   |                     |
|               |                                  | (Title of person signing)   |                     |