## 10700006201

(Re	questor's Name)	. <u></u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300252564363

10/09/13--01003--011 \*\*35.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: St. James Crossing Homeowners Association, Inc.
DOCUMENT NUMBER: N0700006201
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Denise Abercrombie
(Name of Contact Person)
Highland Community Management
(Firm/ Company)
3020 S. Florida Ave., Suite 101
(Address)
Lakeland, FL 33803
(City/ State and Zip Code)
info@hcmanagement.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Denise Abercrombie  (Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

	Article	es of Amendment	
	Articles	to of Incorporation	200
St. James Crossing Hom	neowners As	of secciation Inc	13 TSTOR
(Name of Corporation as current)			
N07000006201			-9 RAY CO
(Doct	iment Number of Co	orporation (if known)	<b>呈</b>
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporate	006, Florida Statute ion:	orporation (if known) s, this <i>Florida Not For Profit Corporation</i> :	adopts the following 5
A. If amending name, enter the new na	me of the corporati	on;	
		ion" or "incorporated" or the abbreviation	The new "Corp." or "Inc."
"Company" or "Co." may not be used in	the name.	3020 S. Florida Ave.	
B. Enter new principal office address, i (Principal office address MUST BE A ST			1.1.0.1.0.000
(1 The true office dualess MOST BE AST	KELT ADDRESS )	Suite 101	- <del>Cartain years</del>
		Lakeland, FL 33803	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3020 S. Florida Ave.	
		Suite 101	
		Lakeland, FL 33803	
D. If amending the registered agent and new registered agent and/or the new		e address in Florida, enter the name of the	<u>e</u>
Name of New Registered Agent:	Highland Co	ommunity Management	
•	3020 S. Flo	rida Ave., Suite 101	
New Registered Office Address:	1	(l'lorida street address)	
New Registered Office Hadress.	Lakeland	Elavida 3380	าส
	(City)	, rioriua	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			•
_	Signature of New I	Registered Agent, if changing ) W	analyer

Page 1 of 4

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, Sully 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 un Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe ce Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	other	Lake's Edge Investments, LLP	139 Main Street
Add			Unit 203
X Remove			Unionville, Ontario L3R 2G6 CA
2) Change	PD	Sylvia Carbone	139 Main Street
X Add			Unit 203
Remove			Unionville, Ontario L3R 2G6 CA
3) Change	VD	Matthew Lane	139 Main Street
X Add			Unit 203
Remove			Unionville, Ontario L3R 2G6 CA
4) Change	STD	Gisela Andrews	139 Main Street
X			Unit 203
Remove			Unionville, Ontario L3R 2G6 CA
5) Change			**************************************
Add			
Remove			
6) Change			The second secon
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
			attituderig highyafigafiyatiyatiyatiyatiyatiyatiyatiyatiyatiyat	
				No. of Control of Cont
		······································		
		-		
			**************************************	
				·····
			*****	
· · · · · · · · · · · · · · · · · · ·				
				······································
		· · · · · · · · · · · · · · · · · · ·	*******	

date this document was signed		, it other than the
Effective date <u>if applicable</u> :	8/13/2013	
The second section of the sect	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) opproval.	
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated 5	eptember 26,2013 R. Carbara	
Signature	S. Carbara	
(By the	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)	
S	(Typed or printed name of person signing)	
đ	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	