ND7000006201

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Amend

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SING HOMEOWNERS AS	SOCIATION, INC.
N07000006201 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
DENISE ABERCROMBIE		
	(Name of Contact Person)	
HIGHLAND COMMUNITY MANAGEMENT, LL	С	
	(Firm/ Company)	
3020 S. FLORIDA AVE., SUITE 305		
	(Address)	······································
LAKELAND, FL 33803		
	(City/ State and Zip Code)	
INFO@HCMANAGEMENT.ORG		
E-mail address: (to be use	d for future annual report no	tification)
For further information concerning this matter, please	e call:	
DENISE ABERCROMBIE	863 at	940-2863
(Name of Contact Person	n) . (Are	Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Depart	ment of State;
\$35 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)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

ST. JAMES CROSSING HOMEOWNERS ASSOCIATION,	, INC.			
(Name of Corporation as curren	tly filed with the Flo	rida Dept. of State)		
N07000006201				
(Document Numb	er of Corporation (if k	nown)		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fo</i>	or Profit Corporation ad	opis the foll	owing
A. If amending name, enter the new name of the corporati	on:			
			Th	ie new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated	d" or the abbreviation "	Corp." or "	Inc."
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)				
				
C. Enter new mailing address, if applicable:				· T
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	5
·			5	x r
			·	P (
D. If amending the registered agent and/or registered offic	e address in Florida	enter the name of the		
new registered agent and/or the new registered office a	<u>ddress:</u>			2
Name of New Registered Agent:				
11 .6	(F	lorida street address)		
New Registered Office Address:				
		, Florida		
	(Ciṇ)	(Zip C	ode)	
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent. I am fai	miliar with and accept	t the obligations of the po	osition.	
·				
ç	ionature of New Regis	tered Avent, if chanving		

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>Mi</u>	hn <u>Doe</u> ike Jones Ily Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PD	SYLVIA CARBONE	139 MAIN ST UNIT 203
Add X Remove			Unionville Ontario L3R 2G6CA AI
2) Change	VD	MATTHEW LANE	139 MAIN ST UNIT 203
Add X Remove			Unionville Ontario L3R 2G6CA AI
3) Change	STD	GISELA ANDREWS	139 MAIN ST UNIT 203
X Remove			
4) Change	PD	JOHN RENY	1064 Greenwood Blvd.
X Add			Suite 124
Remove			Lake Mary, FL 32746
5) Change	VPD	ERIC KORSTEN	1064 Greenwood Blvd.
X Add		•	Suite 124
Remove			Lake Mary, FL 32746
6) Change	STD	JOSEPH WEBSTER	1064 Greenwood Blvd.
X Add	<u>-</u>	·····	Suite 124
Remove			Lake Mary FL 32746

E. If amending or ac (attach additional)	dding additional Artionsheets, if necessary).	eles, enter change (Be specific)	e(s) here:			
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		···				
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Į į́	7-14-16	
The date of each amendment(s) adoption:		_, if other than the
date this document was signed.		
10-14-16		
Effective date <u>if applicable</u> :		
	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not locument's effective date on the Department of	t meet the applicable statutory filing requirements, this date will not be f State's records.	be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the was/were sufficient for approval.	he members and the number of votes cast for the amendment(s)	
There are no members or members entitled adopted by the board of directors.	d to vote on the amendment(s). The amendment(s) was/were	
Dated 10-18-2016		
Signature		
have not been selected,	e chairman of the hoard, president or other officer-if directors, by an incorporator – if in the hands of a receiver, trustee, or iduciary by that fiduciary)	
	(Typed or printed name of person signing)	
President/Director		
	(Title of person signing)	