

N08457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

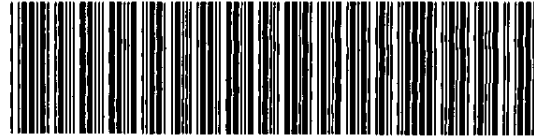
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF TEXAS
DIVISION OF CORPORATIONS
15 JUL -2 11:12

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JUN 28 2016
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2016

DOUGLAS EBY
HIGHLAND VILLAGE HOME OWNER ASSOC.
5019 N.E. 1ST TERRACE
DEERFIELD BEACH, FL 33064

SUBJECT: THE HI-VILL MOBILE HOME OWNERS ASSOCIATION, INC.
Ref. Number: N08457

We have received your document for THE HI-VILL MOBILE HOME OWNERS 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):

IF CHANGING THE CORPORATION NAME ENTER IN SECTION A. IF NOT FILING A NAME CHANGE PLEASE REMOVE ANY NAMES.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 616A00013618

16 JUL -8 AM 10:24

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE HI-VIL MOBILE HOME OWNERS ASSOCIATION, INC
HIGHLAND VILLAGE HOME OWNERS ASSOCIATION

DOCUMENT NUMBER: N08457

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUGLAS EBY

(Name of Contact Person)

HIGHLAND VILLAGE HOME OWNER ASSOCIATION

(Firm/ Company)

5019 N.E. 1ST TERRACE

(Address)

DEERFIELD BEACH, FL. 33064

(City/ State and Zip Code)

DOUGLASEBY@COMCAST.NET (ALL SMALL LETTERS)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLASEBY
954 428-2330

(Name of Contact Person)

at 954 428-2330

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

THE HI-VILL MOBILE HOME OWNERS ASSOCIATION, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

N 08457
(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:

none must be changed and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(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:

DOUGLAS EBY

5019 N.E. 1st TERRACE

(Florida street address)

New Registered Office Address:

DEERFIELD BEACH

(City)

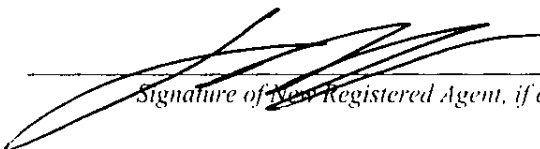
Florida

(Zip Code)

33064

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

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|------------|------------------------|-------------------------------------|
| 1) <input type="checkbox"/> Change | <u>T/S</u> | <u>DOUGLAS EBY</u> | <u>5019 N.E. 1st TERRACE</u> |
| <input checked="" type="checkbox"/> Add | | | <u>DEENFIELD BEACH</u> |
| <input type="checkbox"/> Remove | | | <u>FL 33064</u> |
| 2) <input type="checkbox"/> Change | <u>T/S</u> | <u>KIMBERLY HAWKEY</u> | <u>209 N.E. 52nd ST</u> |
| <input type="checkbox"/> Add | | | <u>5013 N.E. 1st AVE</u> |
| <input checked="" type="checkbox"/> Remove | | | <u>POMPANO</u> |
| | | | <u>FL 33064</u> |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 5 JULY 2016

Signature _____

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DOUGLAS EBY
(Typed or printed name of person signing)

SECRETARY / TREASURER
(Title of person signing)