# N090000369

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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#### **COVER LETTER**

Division of Corp	porations		
July 30, 2009	• • • • • • • • • • • • • • • • • • • •	Same Sand	
NAME OF CORPOR	ATION:Michigan	Crossing Owners As	sociation, Inc.
DOCUMENT NUMB	ER: N09000007369		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
Ter	ry McDavid		
	(Name o	f Contact Person)	<del></del>
P.O	. Dom 1323		
		n/ Company)	
P.0	. Box 1328		
	(	Address)	
Lak	e City, FL 32056-		
	(City/ Sta	ate and Zip Code)	
	briansganga@hot E-mail address: (to be use	mail.com ed for future annual report notific	eation)
For further information	concerning this matter, pleas	se call:	
DeEtte Brown		at ( 386 ) 752-18 (Area Code & Dayti	96
(Name o	f Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for	the following amount made I	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

#### **Mailing Address**

TO: Amendment Section

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

enclosed)

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

is enclosed)

#### Articles of Amendment to Articles of Incorporation of

2009 A	FILED	
TALLAHA	UG -3 PH 1:42 SSEE, FLORIDA	
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ate)	URIDA	

### Michigan Crossing Owners Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N09000007369

(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:

The new name must be distinguishable and abbreviation "Corp." or "Inc." <u>"Company</u>		"corporation" or "incorporated" or the be used in the name.
B. Enter new principal office address, if	applicable:	326 S. Marion Avenue
Principal office address <u>MUST BE A STR</u>	EET ADDRESS )	Lake City, FL 32025
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		P.O. Box 2649
· · · · · · · · · · · · · · · · · · ·	11017 2011	
	<u> </u>	Lake City, FL 32056
D. <u>If amending the registered agent and/onew registered agent agent and/onew registered agent agent</u>	or registered office	address in Florida, enter the name of the
D. If amending the registered agent and/	or registered office	address in Florida, enter the name of the
D. <u>If amending the registered agent and/onew registered agent and/or the new r</u>	or registered office egistered office add Brian J. 326 S. Ma	address in Florida, enter the name of the
D. If amending the registered agent and/onew registered agent and/or the new registered agent and/or the new registered Agent:	or registered office egistered office add Brian J. 326 S. Ma	address in Florida, enter the name of the lress:  Sganga  arion Avenue  da street address)

Signature of New Registered Agent, Brian J. Sganga

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### 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>	Name	Address	Type of Action
PD	Charles S. Sparks	426 SW Commerce Drive Ste 12 Lake City, FL 32025	☐ Add ☑ Remove
<u>TD</u>	Scott D. Stewart	426 SW Commerce Drive Ste 18 Lake City, FL 32025	∫□ Add ☑ Remove
SD	Chad Stewart	426 SW Commerce Drive Ste 16 Lake City, FL 32025	☐ Add ☐ Remove
E. If amending (attach addit	g or adding additional Articles, enter control ional sheets, if necessary). (Be specific	hange(s) here: :)	
	-		

## 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
PD	Gregory N. Borganelli	72 Turkey Creek Alachua, FL 32615	Add Remove
<u>VPSTD</u>	Brian J. Sganga	356 S. Marion Ave Lake City, FL 32025	Add ∩ Remove
<u>D</u>	S.I.C.R, LLC	356 S. Marion Ave Lake City, FL 32025	Add ☐ Remove

The date of each amendmen	t(s) adoption:	7-30-09
Effective date <u>if applicable</u> :		(date of adoption is required)
		nore than 90 days after amendment file date)
Adoption of Amendment(s)	(c	CHECK ONE)
The amendment(s) was/we was/were sufficient for app		the members and the number of votes cast for the amendment(s)
✓ There are no members or adopted by the board of di		ed to vote on the amendment(s). The amendment(s) was/were
Dated 7-30 Signature		
hav	e not been sele	or vice chairman of the board, president or other officer-if directors ected, by an incorporator of in the hands of a receiver, trustee, outed fiduciary by that fiduciary)
		Brian J. Sganga Typed or printed name of person signing)
		Vice President
		(Title of person signing)

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