N10 000000 2525

(Requ	uestor's Name)	
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations	•	•	
Spring Lake Estat NAME OF CORPORATION:	es Homeowners Associatio	n of NPR.IN	IC.
N10000002525 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Gina Davis			
	(Name of Contact Perso	эп)	
Spring Lake Estates Civic Association, Inc.			
	(Firm/ Company)		
4339 Spring Lake Court			
	(Address)		
New Port Richey, Florida 34652			
	(City/ State and Zip Coo	de)	·
Springlakeestatesnpr@outlook.com			
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, ple	ase call:		
Gina Davis	72 at	27	247-9208
(Name of Contact Pers			(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Dep	partment of S	tate:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu		Certific Certific	Filing Fee cate of Status cd Copy onal Copy is ced)
Mailing Address Amendment Section Division of Corporations	Amen	t Address dment Section on of Corpor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Spring Lake Estates Homeowners Association of NPR, Inc.

Name of Corporation as currently filed with the	e Florida I	Dept. of Stat	<u>e</u>)			
N10000002525						
(Docum	nent Numb	er of Corpor	ation (if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Flori</i>	da Not For Pro	fit Corporation ac	dopts the	following
A. If amending name, enter the new name of th	e corporat	ion:				
Spring Lake Estates Civic Association, Inc.						The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "inc	corporated" or	the abbreviation	'Corp." o	r "Inc."
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>)				
						
					·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	4339 Sprin	ig Lake Ct.			<u></u>
		New Port R	cichey, Fl. 3465	52		
					4	72
D. If amending the registered agent and/or reginew registered agent and/or the new register			n Florida, ente	r the name of the		10 HOY
Name of New Registered Agent:	Gina Dav					12
<u>Name oj New Registerea Ageni</u> .	5433 Blue	e Coral Way				PH
<u>New Registered Office Address:</u>				treet address)		PH 6: 01
	New Port	Richey		. Florida	34652	,
		(City)		(Zip C	Code)	
New Registered Agent's Signature, if changing land the hereby accept the appointment as registered agent			ind accept the o	bligations of the p	osition.	
-	Si	ignature of N	lew 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: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Sn	nes	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change Add	<u>D</u>	Patty Page	4412 Shoreline Dr New Port Richey, Fl 34652
Remove 2) Change Add	<u>v</u>	Gregory Dutcher	PO Box 528 Elfers, Fl.34680
x Remove 3) Change Add x Remove	<u>S</u>	Anna Ardini	5439 Portola Ave New Port Richev, Fl 34652
4) Change Add	<u>S</u>	Rosemarie Liberta	5336 Seafoam Dr. New Port Richev, Fl. 34652
Remove 5) Change Add	<u>V</u>	Donald Liberta	5336 Scafoam Dr. New Port Richey, Fl. 34652
Remove 6) Change Add			
E. If amending or adding (attach additional sheet		cles, enter change(s) here: (Be specific)	

		
		
		
		
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·	 	
		
The date of each amendment(s) adopti	on:	_, 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 de	oes not meet the applicable statutory filing requirements, this date will not	be listed as the
document's effective date on the Departr	ment 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.

	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
Dated	November 8, 2020
Signature	Haza H Dan
gnatur	(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)
	Gina Davis
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)