N1100000 8624

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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| wrong form 4085 | | | |

Office Use Only



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01/28/19--01014--008 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORA | TION: WATERSTONE F | PROPERTY HOA INC. | ···· | | |
|--|---|--|--|--|--|
| DOCUMENT NUMBE | R: N11000008624 | | | | |
| The enclosed Articles of | Amendment and fee are su | ibmitted for filing. | | | |
| Please return all correspo | ndence concerning this ma | tter to the following: | | | |
| JC | SEPH A. SERRONE | | | | |
| | | Name of Contact Pers | on | | |
| PC | POLARIS ASSOCIATION MANAGEMENT GROUP | | | | |
| | | Firm/ Company | | | |
| 10 | 9 AMBERSWEET WAY | # 363 | | | |
| | | Address | . | | |
| Da | AVENPOR FL 33897 | | | | |
| | · · · · · · · · · · · · · · · · · · · | City/ State and Zip Co | de | | |
| INFO@ | POLARISASSOCIATION | MANAGEMENT COM | | | |
| | | sed for future annual repor | t notification) | | |
| For further information of JOSEPH A. SERRONE | oncerning this matter, pleas | se call: | 547-8297 | | |
| Name of Contact Person | | | ode & Daytime Telephone Number | | |
| Enclosed is a check for the | ne following amount made | payable to the Florida Dep | partment 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) | | |
| Amend Divisio P.O. Bo | g Address ment Section n of Corporations ox 6327 ssee, FL 32314 | Amer Divis Clifto | t Address adment Section ion of Corporations on Building Executive Center Circle | | |

Tallahassee, FL 32301

SCORETARY OF STATE



February 1, 2019

JOSEPH A SERRONE POLARIS ASSOCIATION MANAGEMENT GROUP 109 AMBERSWEET WAY #363 DAVENPORT, FL 33897

SUBJECT: WATERSTONE PROPERTY HOA, INC.

Ref. Number: N11000008624

We have received your document for WATERSTONE PROPERTY HOA, 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):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 419A00002378



Articles of Amendment to Articles of Incorporation of

| WATERSTONE PROPERTY HOA INC. | die Cl. deniale des Floride Doné | nf Chata) |
|---|---|---------------------------------|
| (Name of Corporation as curren | itly filed with the Florida Dept. | of State) |
| N1100000 8624 | | |
| (Document Numb | per of Corporation (if known) | |
| Pursuant to the provisions of section 647,1006, Florida Statute amendment(s) to its Articles of Incorporation: | es, this <i>Florida Not For Profit C</i> | orporation adopts the following |
| A. If amending name, enter the new name of the corporat | ion: | |
| | | The new |
| name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name. | tion" or "incorporated" or the a | abbreviation "Corp," or "Inc," |
| B. Enter new principal office address, if applicable: | 109 ATBOL SWEET | WAY # 363 |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> | | |
| C. Enter new mailing address, if applicable: | 100 A70 5 0 1 055 | |
| (Mailing address MAY BE A POST OFFICE BOX) | 109 AMBENSWEET | WALL TO SEE |
| | DAVENBOET FL 33 | 897 5 |
| | | O P P |
| D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office : | | name of the 23 |
| Name of New Registered Agent: Polace | IS ASSOCIATION MAN | AGENENT GROUP INC |
| A POL | MBERSWEET WAT # | 1 363 address) |
| New Registered Office Address: | | |
| _ DA | ven Port | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa | Agent: imiliar with and accept the oblige | ations of the position. |
| - () | Signature of Sieve Revisional Asser | nt, if changing |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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.

| X Change | <u>PT</u> | John Doc | |
|----------------------------|--------------|------------------------|--------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | T | KYLE PEAVLEY | 109 AMBERSWEET WAY # 363 |
| Add | | | DAVENPORT FL 33897 |
| X Remove | | | |
| 2) Change | Т | CLIFFORD M. BOWMAN JR. | 109 AMBERSWEET WAY # 363 |
| X Add | | | DAVENPORT FL 33897 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | - | |
| Add | | | |
| Remove | | | |
| 5) Change | | | _ |
| Add | | | · |
| Remove | | | - |
| 6) Change | <u></u> | | |
| Add | | | |
| Remove | | | |

| amending or adding additional Arti ttach additional sheets, if necessary). | (Be specific) | | | | |
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| The date of each amendment(s) adopt date this document was signed. | ion: DECFADER 13, 2018 | , if other than the |
|---|--|-------------------------------|
| Effective date if applicable: DECE | nBFN 13 2018 (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block of document's effective date on the Depart | does not meet the applicable statutory filing requirements, this diment of State's records. | ate will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopte was/were sufficient for approval. | ed by the members and the number of votes cast for the amenda | nent(s) |
| There are no members or members adopted by the board of directors. | entitled to vote on the amendment(s). The amendment(s) was/v | vere |
| Dated FEBRUARY | 9,2019 | |
| Signature Dane | of John Mes | |
| have not been so | n or vice chairman of the board, president or other officer-if directed, by an incorporator – if in the hands of a receiver, trusted ointed fiduciary by that fiduciary) | |
| DAN | HEL METZ | |
| | (Typed or printed name of person signing) | |
| Vice | | |
| | (Title of person signing) | |