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Amend

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COVER LETTER

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TO: Amendment Section Division of Corporations RNER HAMMOCK ON THE WAKULLA RIVER
NAME OF CORPORATION: OWNERS ASSOCIATION, INC.
DOCUMENT NUMBER: N 120000 11672
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK HINRICHS
(Name of Contact Person)
(Firm/ Company)
2910 WOODSIDE DRIVE
(Address)
TALLAHASSEE, FL 32312 (City/State and Zin Code)
(City/ State and Zip Code)
JOHN @ Chancy IN SWRANCE, COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARK HINRICHS at 850-545-0115
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2021 APD FILED	
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Plan	-

ommatt stru	ICK ON THE	WAKUUA	RIVENS	DUNERS	ASSOCIATION
Name of Corporati	ion as currently file	d with the Florida D	ept. of State)		
	N 120	0001167	2		
		(Document Number	r of Corporation	n (if known)	
	isions of section 617. Articles of Incorpora		s, this <i>Florida</i> i	Not For Profit Corpo	ration adopts the following
. If amending nar	ne, enter the new n	ame of the corporati	on:		
			N	A	Thomas
ame must be disting	ruishable and contai	n the word "corporat	ion" or "incort	orated" or the abbre	viation "Corp." or "Inc."
	" may not be used it		,		•
Fotor new prince	ripal office address,	if applicable:		AH	
		TREET ADDRESS)			
. ~					··
	ing address, if appl			MA	
(Mailing address	S <u>MAY BE A POST</u>	OFFICE BOX)		1 5 1)	
. If amending the	registered agent ar	d/or registered offic	e address in F	lorida, enter the nan	ne of the
new registered a	agent and/or the new	w registered office at	<u>ldress:</u>		
Na	ime of New Registers	d Agent:	ł	AV	
274	me of them registere	<u></u>			
				(Florida street addre	1
N	lew Registered Office	Address:		(r torida street adare:	33)
		····	(City)		, Florida (Zip Code)
			(City)		(zap code)
		hanging Registered			
hereby accept the a	ippointment as regisi	tered agent. I am fan	niliar with and	accept the obligation:	s of the position.
		<u> </u>			
		Sig	nature of New	Registered Agent, if a	hanging

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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	$\overline{\mathcal{D}}$	JOHN CHANCY	WOODVILLE, FL
Remove			32362
2) Change Add		· · · · · · · · · · · · · · · · · · ·	
Remove Change Add Remove	D	LYNN W HURICHS	7910 WOODSIDE DRIVE TALLAHASSPEJEL 32312
4) Change Add	<u></u>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			······
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	
		NA	
		- .	

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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	ore than 90 days after amendment file date)
(no m	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CH	ECK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	e members and the number of votes cast for the amendment(s)

adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/with of directors.	ere
Dated _	4-9-21	
Signature _	MOO	
(E	By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)	
	MAKK HINRICHS	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	