N12565

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
·		
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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05/27/11--01014--003 **43.75

MVISION OF CORPORATION

Anena C.COULLIETTE JUN 01 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Springwood H	lomeown	ers' A	Association,	Inc
DOCUMENT NUM	BER: N12565				
The enclosed Article.	s of Amendment and fee are su	bmitted for fil	ling.		
Please return all corre	espondence concerning this ma	tter to the foll	owing:	:	
		y Tunnell			
	(Name of	f Contact Pers	son)	₩,	
	Springwood Home	eowners' As	ssocia	ation, Inc	
	(Firm	n/ Company)			
	PC	Box 434			
	(Address)			
	Woody	/ille, FI 323	62		
	(City/ Sta	te and Zip Co	ode)		
. ——	neelix@e E-mail address: (to be uso	embarqmail ed for future a		report notification	on)
For further information	on concerning this matter, pleas	e call:			
Roy Tunnell		~-` \	50	_/	
(Name	of Contact Person)	(.	Area C	ode & Daytime	Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the	Florid	a Department o	f State:
□ \$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	□ \$43.7. Certified (Addition enclosed	l Copy nal cop	-	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address	_		Address	,
	ndment Section ion of Corporations			ment Section of Corporations	
	Box 6327			Building	
	nassee, FL 32314			ecutive Center C	ircle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Springwood Homeowners' Association, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
N12565
(Document Number of Corporation (if known)

If amending name, enter the new name of	of the corporation:	
ne new name must be distinguishable and obreviation "Corp." or "Inc." <u>"Company"</u>		
Enter new principal office address, if ap	plicable:	
rincipal office address <u>MUST BE A STRE</u>	ET ADDRESS)	
		KA
		72
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		7
(Mutting uturess MAT BE A FOST OFF)	<u> </u>	
		MAY 27 AH 10:123
		23
		
If amending the registered agent and/or		enter the name of the
new registered agent and/or the new reg	istered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
The Hogaston of the Hadress.	(1 to ridu sir cer dadi ess)	
		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if chang	ing Registered Agent:	

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
<u>VP</u>	David Edenfield	3432 Laura St	☐ Add ☐ Remove
		Tallahassee, Fl 32305	
<u>\$</u>	Renee Gregory	PO Box 838 Woodville, Fl.32362	_ ☐ Add ☑ Remove
<u>s</u>	Carl Cocroft	5 Summer Lane Crawfordville, FI 32327	. ☑ Add ☐ Remove
See addi:	tional Page		-
E. If amending	g or adding additional Articles, enter tional sheets, if necessary). (Be specified)	change(s) here:	
(anach uaan	nonai sneeis, ij necessary). (Be specij	<i>(C)</i>	
			· · · · · · · · · · · · · · · · · · ·
	<u></u>		

The date of each amendmen	t(s) adoption: May 23, 2011
Effective date <u>if applicable</u> :	(date of adoption is required) May 24, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated May	23, 2011
Signature	Jame D. Varkera
Char	the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	James Jenkins
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page 3 of 3

Additional changes to 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:

ADD:

VP, Joseph Wilson, 63 Springwood Blvd, Crawfordville, Florida 32327