## NI2565

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(ett)/stetel2.p/i Hone //
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400417433254

16/16/28 -01025--0.7 \*\*43.75

M

## **COVER LETTER**

TO:	Amendment Section			
	Division of Corporations			

NAME OF CORPORAT	SPRINGWOOD HO	OMEOWNERS' ASS	SOCIATION, IN	SC.		
DOCUMENT NUMBER	N12565 :					
The enclosed Articles of A	mendment and fee are sub	mitted for filing.				
Please return all correspon-	dence concerning this matt	ter to the following:				
Joseph K Wilson						
<del></del> -		(Name of Contact I	Person)			—
SPRINGWOOD HOMEO	WNERS' ASSOCIATION	, INC.				
-		(Firm/ Compar	ny)		<del></del>	<del></del> -
63 Springwood Blvd						
	<del></del>	(Address)			<u>-</u> -	_
Crawfordville Florida 3232	27					
		(City/ State and Zip	Code)			
contact@springwoodhome	owners.com					
	E-mail address: (to be used	d for future annual re	port notification	1)		_
For further information cor	cerning this matter, please	eall;			. 1	2635
Joseph Wilson		a	850 t	694-6911	= 1	2003 GC v
	(Name of Contact Person	)	(Area Code)	(Daytime Telep	hone Number)	9
Enclosed is a check for the	following amount made pa	ayable to the Florida	Department of	State:		<u></u> :
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	- 77	<u>::</u>

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

SPRINGWOOD HOMEOWNERS' ASSOCIATION, INC.

(Name of Corporation as currently filed with th	e Florida Dept. of State)	
N12565		
(Docum	ment Number of Corporation (if I	(nown)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application		
(Principal office address <u>MUST BE A STREET A</u>	ADDRESS )	
	<del></del>	
	***	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	
D. If amending the registered agent and/or regi	stered office address in Florida	, enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	Joseph K Wilson	= = = = = = = = = = = = = = = = = = =
	63 Springwood Blvd	437 (=
	•	lorida street address)
<u>New Registered Office Address</u> :		or and the second of
	Crawdfordville	, Florida 32327
	(City)	(Zip Code)
New Registered Agent's Signature, if changing l	Registered Agent	
l hereby accept the appointment as registered agen	v. Iram familiar with and accept	t the obligations of the position.
	Joseph K	Wilson
<del>-</del>	Signature of New Regist	tered 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:  X Change X Remove X Add		Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
¶) Change Add	p	Jimmy Gainey	77 Springwood Blvd Crawfordville, FL 32327
× Remove  • 2) Change Add	<u>S</u>	Brad Bowman	57 Aspen Ct Crawfordville, FL 32327
X Remove  3 Change  X Add  Remove	<u>P</u>	Joseph K Wilson	63 Springwood Blvd Crawfordville, FL 32327
4) Change Add	<u>V</u>	Robert J Watford	15 Spring Ct Crawfordville, FL 32327
Remove  5) Change	<u>s</u>	John S Cloud	33 Springwood Blvd Crawfordville, FL 32327
Remove  6) Change	<u>T</u>	Delana 1. Sowell	63 Springwood Blvd Crawfordville, FL 32327
E. If amending or add	ling additional A eets, if necessary)	rticles, enter change(s) here:  (Be specific)	

			- <u>22</u>	<u></u>
			· ^.	<del></del>
				ි = :
				91.120
			n Inst	2523 (
 	w.			<del></del>
 	···			
	<u>-</u>			<del></del>
				<del></del>
				<del></del>
 <u> </u>		<del></del>	<del>-</del>	
 		·		

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department 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.

There are no mem adopted by the box	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated ————————————————————————————————————	By the chairman of 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)
	Joseph K Wilson
	(Typed or printed name of person signing)
	President

(Title of person signing)