N1300000692

/Po	questor's Name)	
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(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
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13 OCT 28 PH 2: 11
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

C. LEWIS
NOV 1 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	CREEK HOMEOWI	NERS' ASSOCIATION, INC.		
DOCUMENT NUMBER: N1300000692				
The enclosed Articles of Amendment and fee are sub-	The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matte	er to the following:			
Domingo Sanchez				
	(Name of Contact Persor	1)		
Titan Management				
	(Firm/ Company)			
1631 East Vine Street S	uite#300			
	(Address)			
Kissimmee, FL 34744				
	(City/ State and Zip Code	:)		
info@titanhoa.com				
E-mail address: (to be used	for future annual report r	otification)		
For further information concerning this matter, please	call:			
Domingo Sanchez	407	,705-2190		
(Name of Contact Person)		ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

APPROYED AND FILED

Articles of Amendment to Articles of Incorporation of

13 001 28 PM 2: | |

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of Corporation as current	ly filed with the Florida Dent, of	State)
N13000000692		ikidalah orata. 1
(Doc	ument Number of Corporation (if k	nown)
Pursuant to the provisions of section 617. Imendment(s) to its Articles of Incorporat		Not For Profit Corporation adopts the follow
A. If amending name, enter the new na	me of the corporation:	
'Company" or "Co." may not be used in	the name.	The n rporated" or the abbreviation "Corp." or "Inc
3. Enter new principal office address, i Principal office address <u>MUST BE A ST</u>		
		· · · · · · · · · · · · · · · · · · ·
		
Enter new mailing address, if applie (Mailing address MAY BE A POST (
	•	
		
 If amending the registered agent and new registered agent and/or the new 	d/or registered office address in I registered office address:	lorida, enter the name of the
Name of New Registered Agent:	Titan Management	
	1631 East Vine Stre	et Suite#300
N. D. C. LOW CH	(Florida street ad	dress)
New Registered Office Address:	Kissimmee	24744
	(City)	, Florida 34744
	, ,	(Zip Code)
New Registered Agent's Signature, if che hereby accept the appointment as registed	nanging Registered Agent: ered agent. I am familiar with and	accept the obligations of the position.
	Signature of New Registers Age	ent. 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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	DP	PARKER, STEVEN A	400 PARK AVE SOUTH STE 220
Add			WINTER PARK, FL 32789
X Remove			
2) Change	DV	STAPP, BONNIE	400 PARK AVE SOUTH STE 220
Add			WINTER PARK, FL 32789
X Remove			
3) Change	DST	KIRWAN, GLENN	400 PARK AVE SOUTH STE 220
Add			WINTER PARK, FL 32789
X Remove			
4) Change	DP	Fraiegari , Dante	1631 East Vine Street Suite#300
X Add			Kissimmee, FL 34744
Remove			
5) Change	DV	Roane, David	1631 East Vine Street Suite#300
X Add			Kissimmee, FL 34744
Remove			
6) Change	DST	Hamilton, Jennifer	1631 East Vine Street Suite#300
X			Kissimmee, FL 34744
Remove		Page 2 of 4	

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
N/A			
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APPROVEG A**N**D FILED

date	date of each amendment this document was signed. ective date <u>if applicable</u> :		13 OCT 28 SEGRETARY TALLAHASSES amendment file date)	PM 2: 17 of other han the OF STATE E, FLORIDA		
Ado	ption of Amendment(s)	(CHECK ONE)				
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the num proval.	ber of votes cast for the amendment(s)			
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
	Dated 10	1/13 DX Hamb	-			
	Have n	cifirman or vice chairman of the board, of been selected, by an incorporator – if court appointed fiduciary by that fiduciary	in the hands of a receiver, trustee, or			
	Jennife	r Hamilton				
		(Typed or printed name of person s	signing)			
	Secreta	ary				
•		(Title of person signing)	•			