N13000003187

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

C. LEWIS

AUG -5 2013

EXAMINER

COVER LETTER

TO: Amendment Section
"Division of Corporations

•		. "		
NAME OF CORPORATION: Pioneer Road Property Owners Association				
DOCUMENT NUMBER: N13000031	87			
The enclosed Articles of Amendment and fee are submitt	ed for filing.			
Please return all correspondence concerning this matter to	the following:			
Douglas Clark				
(N	ame of Contact Person	n)		
Pioneer Road Property Owners	Association	(N13000003187)		
(Firm/ Company)				
239 Hidden lane				
	(Address)			
WPB, FI 33413				
(Ci	ty/ State and Zip Cod	e)		
PioneerRDpoa@gr				
E-mail address: (to be used for	r future annual report	notification)		
For further information concerning this matter, please cal	l :			
Raeleen Clark	_{at} 561	200-8088		
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made payal	ole to the Florida Depa	artment of State:		
	\$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 Division Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

Pioneer Road Prop	erty Dwners Association Inc.
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
Pioneer Road Property Owners Asso	ociation (N13000003187)
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:
NA	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office.	SECRETALY OF STATE AND
new registered agent and/or the new registered office :	address:
Name of New Registered Agent: N. A	
New Registered Office Address:	(Florida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	1 Agent: amiliar with and accept the obligations of the position.
NA	Deiter land of land
Signature of New	v Registered Agent, if changing

Page 1 of 4

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: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	ST	Raeleen Clark	239 Hidden Lane
Add			WPB, FL 33413
Remove			
2) Change	Т	Betty Vinson	162 66th Terr. So.
Add			WPB, FL 33413
X			
3) Change	Sgt Arms	Michael Galvin	180 Elaine Road
X Add			WPB, FL 33413
Remove			
4) Change	Alt D	Steven Hansen	6781 Pioneer Road
X			WPB, FL 33413
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
NA	
	······
	NAME THE WILL THE TOTAL TO THE TOTAL TO THE TOTAL THE TO

<u></u>	

The date of each amendment	*	, if other than the	
date this document was signed		FILED	
Effective date if applicable:	07/29/2013	· / L L D	
	(no more than 90 days after amendment file date)	13 AUG - 1 PM 3: 0.7	
Adoption of Amendment(s)	(CHECK ONE)	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the opproval.		
☐ There are no members or adopted by the board of a	members entitled to vote on the amendment(s). The amendmendirectors.	nt(s) was/were	
Dated	7/28/2013		
Signature			
· · · · · · · · · · · · · · · · · · ·	e chairman or vice chairman of the board, president or other offi	icer-if directors	
	not been selected, by an incorporator – if in the hands of a recei- court appointed fiduciary by that fiduciary)	ver, trustee, or	
Dougla	as Clark		
 	(Typed or printed name of person signing)		
Preside	ent		
	(Title of person signing)		