

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Number : 120020000094 Phone : (770)777-2091

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ARBOR WOODS MASTER ASSOCIATION, INC.

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September 26, 2014

FLORIDA DEPARTMENT OF STATE

ARBOR WOODS MASTER ASSOCIATION, INC.
551 NORTH CATTLEMEN ROAD STE 200
SARASOTA, FL 34232

SUBJECT: ARBOR WOODS MASTER ASSOCIATION, INC.

REF: N13000004650

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II FAX Aud. #: H14000225495 Letter Number: 814A00020674

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#### COYER LETTER

TO: Amendment Section Division of Corporations ARBOR WOODS MASTER ASSOCIATION, INC. N13000004650 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JENNIFER BADEN (Name of Contact Person) TRIAD PROFESSIONAL SERVICES, LLC (Firm/ Company) 1720 WINDWARD CONCOURSE, SUITE 390 ALPHARETTA, GA 30005 (City/ State and Zip Code) JBADEN@TRIADPROS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (770 ) 777-2091

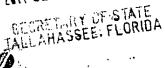
(Area Code & Daytime Telephone Number) JENNIFER BADEN (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: 1\$35 Filing Fee Status | Statu □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is (Enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327

Tallahasacc, FL 32314

Antenument Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

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Articles of Amendment Articles of Incorporation



## ARBOR WOODS MASTER ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) N13000004650

(Document Number of Corporation (If known)

Pursuant to the provisions of section 617, 1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

	If amending name, enter the new name of the corno cation:  [Additional content of the cornoration of the corporation of the abbreviation of the ab	The ne
<u>"C</u>	uppany" or "Co." may not be used in the name.	
	Enter new principal office address, if applicable; include office address MUST BE A STREET ADDRESS.)	
(7")	untiput office and test to the test to the test to the test of the	
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 address in Florida, enter the name of the new registered agent and/or the new registered of fice address;  Name of New Registered Agent:	
	Warthy ween adderes	

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent;
I hereby accept the appointment as registered agent. I om familiar with and accept the obligations of the position.

(Cin)

Signature of New Registered Agent, if changing

Page 1 of 4

(Zip Code)

### N13000004650

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 addled:

(Attach additional sheets, if necessary)

Place 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 tisted as the PST and Mike Jones is listed as the F. 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 F V Mike SV Sally i	lones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PD	FELIPE GONZALES	551 NORTH CATTLEMEN ROAD
Add			#200
X Remove			SARASOTA, FL 34232
2) Change	PD	DAVE TRUXTON	551 NORTH CATTLEMEN ROAD
X Add			#200
Remove			SARASOTA, FL 34232
3)Clunge			grand and the second se
Add			Aber delegated being consequent to the second consequence of the secon
Remove			
4) Change	<del></del>		
Add			
Remove			
Change	******		
<b>^.i</b> d			
Remove			
5) Change			
Add			
Remove		Page 2 of 4	
		TAKE A UT	

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### N13000004650

If amending or adding additional Articular (attach additional sheets, if necessary).	(Be specific)
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### N13000004650

The date of each macaqueent(s) administra-	September 1, 2014	, if other than the		
date this discurrent was signed,				
Efficien date if excitables	manner on any rate ( in ) and do not be a supple sense of the sense of			
(क	n more Him 90 days after annendraent file date)			
Adaption of Assundment(s) (5	CHECK ONE			
The name trainers i was have a depend by wastween sufficient for approval.	the members and the number of wires east, for the americancings			
adopted by the board of directors.	led to vote an the tuneralment(s). The maendment(s) was Avere			
Duted 9 (16) (1) Signature / Life	SIE			
(By the chapeful or a bave or a been selected	nto chairman of the board, president or other affect of directors of, by an interperator – If in the hands of a receiver, trustee, or I fiduciary by that fiduciary)	-		
	Mansfield			
(Typed of	or printed name of person signing)  RECTOR			
	Clitte of corson signing)			

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