115814

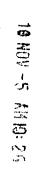
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



700185256787

10/04/10--01019--019 **35.00





COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: South Semino	ole Community Associate	tion For Progress.
DOCUMENT NUM	BER: N 15814		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
···		tine Watkins	
	(Name of	f Contact Person)	
	South Seminole Commur	nity Association For Progres	s Inc.
	(Firm	n/ Company)	
	P O	Box 150355	
		Address)	
.,		**	
•	Altamonte	Springs, FL 32715	
	(City/ Sta	ate and Zip Code)	
	E-mail address: (to be use	ed for future annual report notific	eation)
For further information	on concerning this matter, pleas	se call:	
Christine Watkins	ĭ	at (407) 788-988	36
(Name	of Contact Person)	at (407) 788-988 (Area Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount made	payable to the Florida Departmer	nt of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☑ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address	Street Address	<i></i> /
	dment Section	Amendment Section Division of Corporati	One
	ion of Corporations Box 6327	Clifton Building	Ung
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center	er Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2010

CHRISTINE WATKINS P.O. BOX 150355 ALTAMONTE SPRINGS, FL 32715

SUBJECT: SOUTH SEMINOLE COMMUNITY ASSOCIATION FOR

PROGRESS, INC. Ref. Number: N15814

We have received your document for SOUTH SEMINOLE COMMUNITY ASSOCIATION FOR PROGRESS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 510A00023646



Articles of Amendment to Articles of Incorporation of

h the Florida Dept. of Sta	ite)
ation (if known)	
ation (if known)	
es, this <i>Florida Not For P</i>	rofit Corporation ado
<u>ion:</u>	
d "corporation" or "inco ot be used in the name.	orporated" or the
N/A	
)	
	
N/A	
	<u> </u>
ce address in Florida, en	ter the name of the
ddress:	
N/A	
orida street address) :	
orida street address)	
	_, Florida
orida street address) (City)	_, Florida (Zip Code)
(City)	(Zip Code)
(City) Agent:	(Zip Code)
	d "corporation" or "inco of be used in the name. N/A N/A N/A ee address in Florida, end ddress:

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
Pres.	Vernon Ford	1121 Merritt Street Altamonte Springs, 32701	_ □ Add _ ☑ Remove
VPres.	Christine Watkins	639 Lake Mobile Dr. Altamonte Springs, FL 32701	_
Pres.	Christine Watkins	639 Lake Mobile Dr. Altamonte Springs, FL 32701	
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
N/A			
	· · · · · · · · · · · · · · · · · · ·		
			
			*

	, , , , , , , , , , , , , , , , , , , 		
·		1	CAPAGETTE TT.
·			

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
VPres.	Alex Robbins	603 Lake Mobile Drive Altamonte Springs, FL 32701	_ ☑ Add _ □ Remove
	, , , , , , , , , , , , , , , , , , ,		_
<u></u>			
E. If amend (attach ad N/A	ding or adding additional Articles dditional sheets, if necessary). (B	enter change(s) here: e specific)	
**************************************		· · · · · · · · · · · · · · · · · · ·	
			,
.			
		·	
			
	·		

The date of each amendment(s)	adoption: Willy 20, 2010
T100 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
have n	harture descriptions of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, of the pointed fiduciary by that fiduciary)
· -	Christine Watkins (Typed or printed name of person signing)
-	President
	(Title of person signing)

Page 3 of 3