N16000001387

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SECRLIALY OF STATE
TALLAHASSEE, FL

C Kiuzey

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Iomeowners Association	. Inc.		
DOCUMENT NUMBER:N16000001387				
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning th	is matter to the following	ī:		
Cara Chieffallo				
	(Name of Conta	et Person)	-	
K. Hovnanian Homes				
	(Firm/ Com	pany)		
3601 Quantum Blvd				
	(Addres	s)		
Boynton Beach, FL 33426				
	(City/ State and	Zip Code)		
cchieffallo@khov.com				
E-mail address: (to	be used for future annua	report no	tification)
For further information concerning this matter,	please call:			
Cara Chieffallo		561 at		364-3326
(Name of Contact	Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount r	nade payable to the Flor	da Depart	ment of S	State:
S35 Filing Fee	Fee & \$\Bigsize \\$43.75 \text{ Filing Status}\$ Certified Copy (Additional coenclosed)		Certifi Certifi	O Filing Fee leate of Status and Copy tional Copy is used)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street A Amendar Division Clifton B	ent Secti of Corpo	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Coral Lago Homeowners Association, Inc.

/N'	nele 61 of with the Fla	aida Dane of Ceasa)
(Name of Corporation as curren	any med with the Fior	ida Dept. of State)
N16000001387		
(Document Numl	ber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporate	tion:	
		The new
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	ition" or "incorporated	d" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
		3.5
		<u> </u>
C. Enter new mailing address, if applicable:		TALLAHA
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		SSE PR
		सिं छं
		77.7
D. If amending the registered agent and/or registered offi		enter the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:		
	(F)	lorida street address)
<u>New Registered Office Address:</u>		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent. I am fa	<u>rregent.</u> imiliar with and accept	the obligations of the position.
	·	•
	Signature of New Regis:	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	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TSD	Barbara Mabie	3601 Quantum Blvd
Add			Boynton Beach, FL 33426
X Remove			
2) Change	TSD	Gemma Pickard	3601 Quantum Blvd
X Add			Boynton Beach, FL 33426
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O (1)			
6) Change			
Add			
Remove			

F., If amending or adding additional Articl (attach additional sheets, if necessary).	(Be specific)		
	,		
			
		····	
			···
			
p_======			
			_
			
		<u> </u>	

The	e date of each amendment(s) adoption:	, if other than the
	e this document was signed.	
Eff	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nument's effective date on the Department of State's records.	e listed as the
Add	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 5/15/19	
	Signature Signature	-
	(By the chairman or 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)	
	Maya Simhon-Chocron	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	