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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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NAME OF CORPORATION:	PROPERTY OV	VNERS ASSO	OCIATION, INC.
N16000005362 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Melinda Rovillo			
	(Name of Contact	Person)	
Imapp Realty Group, Inc.			
	(Firm/ Compa	ıy)	
13035 Park Blvd			
	(Address)		
Seminole, FL 33776			
	(City/ State and Zip	Code)	
mrovillo@imapprealty.com			
E-mail address: (to be used	for future annual re	port notification	on)
For further information concerning this matter, please of	call;		
Melinda Rovillo	,	727 It	641-6773
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida	Department o	f State:
■ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Cert is Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)
Mailing Address		treet Address mendment Sec	ol sa
Amendment Section Division of Corporations		mendment Sec Division of Corp	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

FILED

KEYSTONE RIDGE PROPERTY OWNERS ASSO	CIATION, INC.	2018 HOV 19 PM 12	2: 31
(Name of Corporation as cu	irrently filed with the Fl	orida Dept. of State)	STATE
N16000005362		SEUNC MANASSEE TALLAHASSEE	.FL
(Document S	Number of Corporation (if		
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this Florida Not I	For Profit Corporation ado	pts the following
A. If amending name, enter the new name of the corp	oration:		
N/A			The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporat	ed" or the abbreviation "C	
B. Enter new principal office address, if applicable:	13035 Park Blvd		
(Principal office address MUST BE A STREET ADDR.	ESS) Seminole, FL 337	76	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13035 Park Blvd Seminole, FL 337		
D. If amending the registered agent and/or registered		a, enter the name of the	
new registered agent and/or the new registered of			
<u>Name of New Registered Agent:</u>	nda Rovillo		
1303	35 Park Blvd		
New Registered Office Address:		Florida street address)	
Sen	ninole	3: , Florida	3776
	(Ciţy)	(Zip Cod	de)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I described the appointment as registered agent.	im familiar with and accept	of the pos of the pos istered Agent, if changing	sition.
	C aignuture of New Reg	ыстей луст, у спануту –	

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>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Don Pierce	1817 Cypress Brook Drive
Add			Suite 104
X Remove			Trinity, FL 34655
2) Change	VP	Alisa A Willenbacher	1817 Cypress Brook Drive
Add			Suite 104
X Remove			Trinity, FL 34655
3) Change	STD	Michael Willenbacher	1817 Cypress Brook Drive
Add			Trinity, FL 34655
X Remove			
4) Change	PD	Matt Cummings	12354 Keyridge Loop
X Add			Largo, FL 33778
Remove			
5) Change	VPD	Ronn Lozner	12282 Keyridge Loop
X Add			Largo, FL 33778
Remove			
6) Change	TSD	Joyce Maxwell	12306 Keyridge Loop
XAdd		·	Largo, FL 33778
Remove			

. If amending or adding additional At (attach additional sheets, if necessary).	. (Be specific)				
N/A					
					**
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			11/14/2018		
		dment(s) adoption:			, if other than the
date	this document was	-			
		11/14/2018			
EH	ective date <u>if applic</u>	able:	o more than 90 days aj	ter amendment file date)	
		ed in this block does to te on the Department		statutory filing requirements, this date will not	t be listed as the
Add	option of Amendme	ent(s)	CHECK ONE)		
	The amendment(s) was/were sufficient		the members and the	number of votes cast for the amendment(s)	
	There are no membadopted by the box		led to vote on the amer	dment(s). The amendment(s) was/were	
	Dated	11/14/2018			
	Signature	Matthew W	1 Cunnings	Nov 14, 2018 ard, president or other officer-if directors	_
	(have not been selecte	vice chairman of the booked, by an incorporator - d fiduciary by that fiduciary	- if in the hands of a receiver, trustee, or	
		Matt Cummings			
			(Typed or printe	d name of person signing)	
		Preside	at (Til	of person signing)	
			(1116	or person signing)	