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TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	CA DUNES HOME	OWNER	S ASS(OCIATION, INC
DOCUMENT NUMBER:	N16000009497				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this mat	ter to the following:			
Cara Chieffallo					
		(Name of Contact	Person)		
K. Hovnanian Homes					
		(Firm/ Compa	ny)		
3601 Quantum Blvd					
		(Address)			<u> </u>
Boynton Beach, FL 33426					
		(City/ State and Zip	p Code)		
cchieffallo@khov.com					
I	E-mail address: (to be use	d for future annual r	eport noti	fication	1)
For further information con-	cerning this matter, please	e call:			
Cara Chieffallo		3	561 at		364-3326
	(Name of Contact Person		(Area (Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	a Departn	ent of	State:
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is used)
Mailing A		<u>\$</u>	Street Ado		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ENCLAVE AT BOCA DUNES HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida D	ept. of State)
N16000009497	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
	The new
name must he distinguishable and contain the word "corporat "Company" or "Co," may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	2020
	* .
•	10
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E.
	2:
	
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office ac	ddress:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fan	
Sis	gnature of New Registered 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	PT John Do V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u>	Kathleen Kurtz	3601 Quantum Blvd Boynton Beach, FL 33426
Permove 2) Change	<u>P</u>	Richard Selikoff	3601 Quantum Blvd Boynton Beach, FL 33426
Remove 3) Remove Add Remove	VP	Joseph Spalt	3601 Quantum Blvd Bovnton Beach, FL 33426
4) Change Add	VP	Kevin Borkenhagen	3601 Quantum Blvd Boynton Beach, FL 33426
* Remove 5) Change Add Remove			
6) Change Add			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

		
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The date of each amendment(s) date this document was signed.	adoption:	other than the
Effective date if applicable: 6/	5/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be li Department of State's records.	sted as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number of votes east for the amendment(s) oval.	

Dated	6.16.2020
Signatu	
	(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)
	CREMMA PICKACO
	(Typed or printed name of person signing)