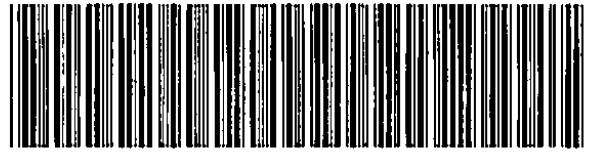


N17000003670



400354597974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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2020 NOV 11 8:45

Amend

DEC 10 2020  
ALBRIGHTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** PARK PLACE AT ALOMA HOMEOWNERS ASSOCIATION, INC

**DOCUMENT NUMBER:** N17000003670

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAMMI MORRISON

(Name of Contact Person)

TAMMI MORRISON LCAM FOR PARK PLACE OF ALOMA HOA

(Firm/ Company)

890 NORTHERN WAY SUITE B2,

(Address)

WINTER SPRINGS FL 32708

(City/ State and Zip Code)

ALOMAPARKPLACEHOA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMMI MORRISON

(Name of Contact Person)

321

at

274-2496

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
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

PARK PLACE AT ALOMA HOMEOWNERS ASSOCIATION, INC.

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

N1700003670

(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:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

*(Principal office address **MUST BE A STREET ADDRESS**)*

**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 office address:**

*Name of New Registered Agent:* TAMMI MORRISON

890 NORTHERN WASY, SUITE B2,

*(Florida street address)*

*New Registered Office Address:*

WINTER SPRINGS

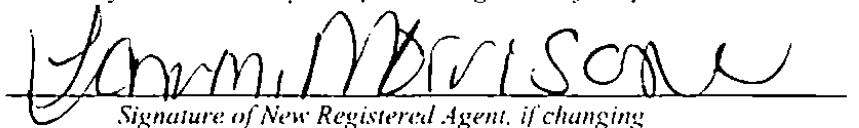
*(City)*

Florida 32708

*(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
*Signature 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 = Ch. 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. The 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 Chair Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

|  |           |                    |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u>    |
| <input checked="" type="checkbox"/> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <input checked="" type="checkbox"/> Add    | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One)  | <u>Title</u> | <u>Name</u>               | <u>Address</u>  |
|---|--------------|---------------------------|---|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add            | <u>P</u>     | <u>FAUBERT, LUDGIA</u>    | <u>3176 JADE TREE POINT</u><br><u>OVIEDO, FL 32765</u>                  |
| <input checked="" type="checkbox"/> Remove                                    |              |                           |   |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add            | <u>vp</u>    | <u>VICENS, ANTONIO</u>    | <u>C/O FIRSTSERVICE RESIDENTIAL</u><br><u>2300 MAITLAND CENTERE PAF</u> |
| <input checked="" type="checkbox"/> Remove                                    |              |                           | <u>MAITLAND, FL 32751</u>   |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add            | <u>S/T</u>   | <u>BOUFFARD, ANDREW</u>   | <u>C/O FIRSTSERVICE RESIDENTIAL</u><br><u>2300 MAITLAND CENTERE PAF</u> |
| <input checked="" type="checkbox"/> Remove                                    |              |                           | <u>MAITLAND, FL 32751</u>   |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add | <u>P</u>     | <u>FELIX SANTIAGO</u>     | <u>890 NORTHER WAY, SUITE B2</u><br><u>WINTER SPRINGS, FL 32708</u>     |
| <input type="checkbox"/> Remove   |              |                           |   |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add | <u>VP</u>    | <u>PAUL CARTER JR</u>     | <u>890 NORTHEEN WAY SUITE B2</u><br><u>WINTER SPRINGS, FL 32708</u>     |
| <input type="checkbox"/> Remove   |              |                           |   |
| 6) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add | <u>T</u>     | <u>DAVID MATTHEW MAZE</u> | <u>890 NORTHERN WAY, SSUITE 1</u><br><u>WINTER SPRINGS FL 32708</u>     |
| <input type="checkbox"/> Remove   |              |                           |   |

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

STILL ADDING BOARD MEMBERS: 7:  ADD TITLE - S JOSEPH KEVIN REDDY - ADDRESS IS :  
890 NORTHER WAY SUITE B2, WINTER SPRINGS FL 32708

STILL ADDING BOARD MEMBER 8:  ADD TITLE - O MILTON ANDRADE - ADDRESS IS :  
890 NORTHER WAY SUITE B2, WINTER SPRINGS FL 32708

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The date of each amendment(s) adoption: 10/28/2020, if other than date this document was signed.

Effective date if applicable: 10/28/2020  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

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 10/28/2020 \_\_\_\_\_

Signature     *Temmi Morrison*    

(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)

    *Temmi Morrison*      
(Typed or printed name of person signing)

    *LCAM/*      
(Title of person signing)

    */manage*