## N17707

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		

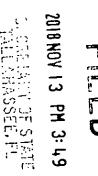
Office Use Only

524-



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C. GOLDEN KOV 1 6 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Crofon U	VOODS HOMIOWARS, INC
DOCUMENT NUMBER: V 1776	,
DOCUMENT NUMBER: _ / / / / /	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
Khomis Williams	<del>-</del>
	(Name of Contact Person)
<i>:</i>	
	(Firm/ Company)
1014 BOHLOSAUSE D	Л.
1014 BOHLOBOUTH D.	(Address)
-	
MelDOUNE Fl.	32933
	(City/ State and Zip Code)
E and attended to be	sed for future annual report notification)
n-man address, (to be ti	sed for future annual report notification)
For further information concerning this matter, plea	ise call:
<i></i>	<b>—</b>
70M Williams	son) at 321 960 9232 (Area Code) (Daytime Telephone Number)
(Name of Contact Pers	(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	& □\$43.75 Filing Fee & □\$52.50 Filing Fee
Certificate of State	is Certified Copy Certificate of Status
	(Additional copy is Certified Copy enclosed) (Additional Copy is
	Enclosed)
Mailing Address	Street Address
	<del> </del>

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tailahassee, FL 32301



October 30, 2018

THOMAS WILLIAMS 2014 BOTTLEBRUSH DRIVE MELBOURNE, FL 32935

SUBJECT: CROTON WOODS HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N17707

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

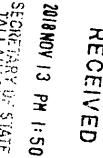
Page 1 and 3 are missing and has to be submitted.

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 018A00022365





October 2, 2018

THOMAS WILLIAMS 2014 BOTTLEBRUSH DRIVE MELBOURNE, FL 32935

SUBJECT: CROTON WOODS HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N17707

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

Pages 1 and 3 are missing.

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) 245-6050.

Claretha Golden Regulatory Specialist II

SECRETARY OF STATE

Letter Number: 918A00020507

RECEIVED

## Articles of Amendment to Articles of Incorporation of

## FILED

CROTON WOODS HOMEOWNERS ASSOCIATION, INC.

2018 NOV 13 PM 3: 49

(Name of Corporation as current	ly filed with the Flo	rida Dept. of State) Contract Of STAT
N17707		TALLAHASSEE, FL
(Document Number	r of Corporation (if k	(nown)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
). If amending the registered agent and/or registered office		enter the name of the
new registered agent and/or the new registered office ac	<u>ldress:</u>	
Name of New Registered Agent:		18.7
New Registered Office Address:	ıF	lorida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam		the obligations of the position.
C:	CV D	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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	SCHUBRING, LEONARD	1857 ATRIUM DRIVE
Add			MELBOURNE FL
x Remove			32935
2) X Change	P	CALLAWAY,MICHAEL	1668 ARBOR DRIVE
Add			MELBOURNE FL
Remove			32935
3 ) Change			
Add			<del>-</del>
			<del></del>
Remove			
4) X Change	<u>V</u>	SPRYN,BARBARA	1960 THISTLE DRIVE
Add			MELBOURNE FL
Remove			32935
5) Change			
Add			
Remove			
6) Change	•		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
LEONARD SCHUBRING RESIGNED (PRESIDENT) SO THE BOARD OF DIRECTORS MOVED MICHAEL  CALLAWAY (VISE PRESIDENT) TO PRESIDENT. THE ONLY OTHER DIRECTOR NOT HOLDING OFFICE			
			BARBARA SPRYN WAS MOVED TO VICE PRESIDENT.
	:		
·			
	—– •		

1

The date of each amendment(s) ad date this document was signed.	option: <u>So D+ 13 20/8</u>	, if other than the
fifective date if applicable:		
-	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s).	
There are no members or members adopted by the board of directors of the board of t	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
(By the chair have not bee other court a	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or proported fiduciary by that tiduciary)  Michael allower (Typed or printed name of person signing)	
	(Title of person signing)	