

Division of Corporations

1120000163473

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H18000163473 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : BROAD AND CASSEL (BOCA RATON)  
Account Number : 076376001555  
Phone : (561) 483-7000  
Fax Number : (561) 483-7321

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: BrianBlythe@forestargroup.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
PALISADES COMMUNITY ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

RECEIVED  
18 MAY 29 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

18 MAY 29 AM 11:04

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MAY 30 2018

T. LEMUEUX

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Palisades Community Association, Inc.

DOCUMENT NUMBER: N18000002950

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

Please return all correspondence concerning this matter to the following:

Brian Blythe  
(Name of Contact Person)

Forestar (USA) Real Estate Group, Inc.  
(Firm/ Company)

3330 Cumberland Blvd., Ste. 275  
(Address)

Atlanta, GA 30339  
(City/ State and Zip Code)

BrianBlythe@forestargroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Blythe at \_\_\_\_\_  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

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

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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Articles of Amendment  
to  
Articles of Incorporation  
of

Palisades Community Association, Inc.

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

N18000002950

(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: Corporation Services Company

1201 Hays Street

(Florida street address)

New Registered Office Address:

Tallahassee

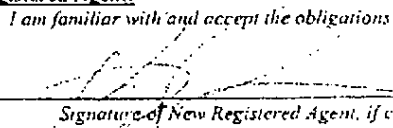
(City)

Florida 32301

(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

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Brian Courtney  
Asst. V. Pres.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 MAY 29 AM 11:05

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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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	PD	Carlos de la Ossa	12602 Telecom Drive
<input type="checkbox"/> Add			Tampa, FL 33637
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	TSD	Bob Freeman	3330 Cumberland Blvd., Ste. 275
<input type="checkbox"/> Add			Atlanta, GA 30339
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	VPD	John E. Snyder	12602 Telecom Drive
<input checked="" type="checkbox"/> Add			Tampa, FL 33637
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	PD	Frank Covelli	3330 Cumberland Blvd., Ste. 275
<input checked="" type="checkbox"/> Add			Atlanta, GA 30339
<input type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change	TSD	Ryan Harvey	3330 Cumberland Blvd., Ste. 275
<input type="checkbox"/> Add			Atlanta, GA 30339
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

3330 Cumberland Blvd., Ste. 275

Atlanta, GA 30339

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.


Effective date if applicable: \_\_\_\_\_  
(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 5/21/18 \_\_\_\_\_

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)

Frank Covelli

\_\_\_\_\_  
(Typed or printed name of person signing)

Director/President

\_\_\_\_\_  
(Title of person signing)