## Division of Corporations Placida Department of State Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number: 120160000008 Phone: (850)777-2091 Fax Number: (770)220-1943

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Email Address

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN WOODLAND PARK TOWNHOMES ASSOCIATION, INC.

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CURPORATION: WOODLAN	D PARK TOWNHOMES ASSOCIATION, INC.
DOCUMENT NUMBER: N19000001032	
The enclosed Articles of Amendment and fee	_
Please return all correspondence concerning the	is matter to the following:
JENNIFER BADEN	·
	(Name of Contact Person)
TRIAD PROFESSIONAL SERVICES	
	(Firm/ Company)
1720 WINDWARD CONCOURSE, SUITE 3	90
	(Address)
ALPHARETTA, GA 30005	
	(City/ State and Zip Code)
JBADEN@TRIADPROS.COM	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
JENNIFER BADEN	770 777-2091
(Nume of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount to	nade payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Certificate of S	Fee & \$\instructure \text{\$\frac{1}{2}\$\$43.75 Filing Fee & \$\instructure \text{\$\frac{1}{2}\$\$\$52.50 Filing Fee & Certificate of Status (Additional copy is unclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, 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 lo

A	Articles of Incorporat	ion	
WOODLAND PARK TOWNHOMES ASSOCIATIO			
Name of Corporation as	currently filed with i	se Florida Dept. of State)	
V19000001032			
(Document	Number of Corporation	n (if known)	<del></del>
ursuant to the provisions of section 617,1006, Florida nendment(s) to its Articles of Incorporation:	Statules, this Florida	Not For Profit Corporation a	dopts the following
if amending same, enter the new name of the cor	Dorution:		
ame must be distinguishable and contain the word "co			The new
empany" or "Co." may not be used in the name.	aporanon ije incorj	orated for the abbreviation i	"Corp." or "Inc."
Enter new principal office address, if applicable:			
rincipal office address MUST BE A STREET ADDI			
Enter new mailing address, if applicable;			
(Mailing address MAY BE A POST OFFICE BOX	·		
	<u> </u>		
If amending the registered agent antifor registere	d office uddrest in Ft	white antair the name of the	
new registered agent and/or the new registered of	fice address;	A sear carter fac thatte or the	
Name of New Registered Agent:			至55 _
The state of the s			
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Naw Registered Office Address:		(Florida street oddress)	ώ≥ i
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		Florida Florida	
	(City)	(Zlp C	
Registered Agent's Signature, if changing Regist	ered Agent:		
reby accept the appointment as vegistered ugent. Lo	ım familiar with and o	ecept the obligations of the pa	wition 💆 🗆
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	Signature of New )	Registered Agent. if changing	<del></del>
		, <b>g</b>	
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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, 2nd 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; Y= 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>	h <u>n Doc</u> ik <u>ė Iones</u> Il <b>v S</b> inith	
Type of Action (Check One)	. <u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	סיו	GLUCKMAN, NICHOLAS	2600 LAKE LUCIEN DR
Add			SUITE 350
X Ranave			MAITLAND, FL 32751
2) Change	PI)	DAN FITZPATRICK	2600 LAKE LUCIEN DR
X Add			SUITE 350
Remove			MAITLAND, FL 32751
3 ) Change	<del></del>		
Remove			
4)Change			HANN TO SEE THE SEE TH
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Remove			32
5) Chạnge	, <del></del>		
Add		,	
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(((H190001746603))) , if other than the The date of each amendment(s) adoption: \_ date this document was signed. MAY 31, 2019 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. (CHECK ONE) Adoption of Amendment(s) ☐ 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 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) (Typed or printed name of person signing) (Title of person signing)