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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: WINDERMERE GARDEN VILLAS HOMEOWNERS AS DOCUMENT NUMBER: N30166 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James W. Crink (Name of Contact Person) Windermere Garden Villas Homeowners Association, Inc. (Firm/ Company) 800 Windermere Blvd. (Address) Inverness, FL 34453 (City/ State and Zip Code) jcrink@tampabay.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James W. Crink (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: ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee **✓** \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Amendment Section Amendment Section Division of Corporations ------------- Division of Corporations -----P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

WINDERMERE GARDEN VILLAS HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) (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 <u>MUST BE A STREET ADDRESS</u>) 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: New Registered Office Address: (Florida street address) Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

Signature of New Registered Agent, if changing

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

position.

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
T	James W. Crink	713 Moray Drive	☑ Add
		Inverness, FL 34453	Remove
			
			Remove
		· · · · · · · · · · · · · · · · · · ·	
E. If amend	ling or adding additional Articles	, enter change(s) here:	
(attach ad	dditional sheets, if necessary). (E	le specific)	
	;		
			T

The date of each amendment(s	adoption: December 12, 2009		
(date of adoption is required)			
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) aval.		
There are no members or me adopted by the board of directions.	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.		
Dated_3/3/20	010		
Signature	Freing Us seers		
have	he chairman or vice chairman of the board, président or other officer-if director, not been selected, by an incorporator – if in the hands of a receiver, trustee, c court appointed fiduciary by that fiduciary)		
	James W. Crink		
	(Typed or printed name of person signing)		
	Treasurer		
	(Title of person signing)		