N33080

(Re	questor's Name)	
(Ad	dress)	
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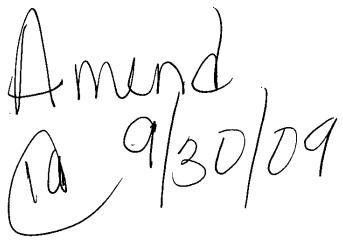


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SECRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Springs Homeowners Association					
DOCUMENT NUM	BER: N33086			V V	
The enclosed Articles	s of Amendment and fee are sul	bmitted for	filing.		
Please return all corre	espondence concerning this mat	tter to the fo	ollowing	g:	
-	······································	perly S. C		······································	rous bandes a de construe
	(Name of	f Contact Pe	erson)		
	(Firm	n/ Company	·)		
	14304 Ho	mosassa	Street	t	
	(Address)			
	<u>*</u>	a FL 336			
	(City/ Sta	ite and Zip	Code		
	thespringsta E-mail address: (to be use	ampa@ya ed for future	hoo.co	om report notificati	on)
For further information	on concerning this matter, pleas	se call:			
Kimberly S. Cox		at (813	₎ _264-7111	Telephone Number)
(Name	of Contact Person)		(Area (Code & Daytime	Telephone Number)
Enclosed is a check for	or the following amount made	payable to t	he Flori	da Department o	f State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifi	ed Copy ional co		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address				Address	,
	ion of Companions			iment Section	
	ion of Corporations Box 6327			on of Corporations Building	
	hassee, FL 32314			Executive Center C	ircle

Tallahassee, FL 32301

Articles of Amendment to · Articles of Incorporation of

The Springs Homeowners	Association , \ \ \ (
(Name of Corporation as currently filed with	the Florida Dept. of Stat	<u>te</u>)
(Document Number of Corporat Pursuant to the provisions of section 617.1006, Florida Statutes	,	OSET CONTRACTOR
he following amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Pr</i>	oju Corporation adopts
A. If amending name, enter the new name of the corporation	<u>n:</u>	rporated" or the
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not		rporated" or the
B. Enter new principal office address, if applicable:	14303 Eureka Place	3
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Tampa, FL 33613	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14303 Eureka Place	l
	Tampa, FL 33613	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade Name of New Registered Agent:		er the name of the
New Registered Office Address: (Flori	ida street address)	-
**************************************	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A le hereby accept the appointment as registered agent. I amposition.		t the obligations of the
Signature of New	Registered Agent, if char	nging

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>	Name	Address	Type of Action
	VD	Scott Barr	14306 Homosassa Street Tampa, FL 33613	☐ Add ☑ Remove
	<u>VD</u>	Jeff Allison	925 Clearcreek Drive Tampa, FL 33613	☑ Add ☐ Remove
	SEC	Kimberly S. Cox	14304 Homosassa Street Tampa, FL 33613	☑ Add ☐ Remove
		Alison Frazier or adding additional Articles, enter clional sheets, if necessary). (Be-specific		or Add
		ional sneets, if necessary). (De specific		
\gg	Architect	wral Committee Chairm	AN- 919 Clearcreek	Drive or Add
		Victor MAND	ia tampa &	33413
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		The state of the s		
				
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The date of each amendmen	t(s) adoption: August 22, 2009
Effective date <u>if applicable</u> :	(date of adoption is required) August 22, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_Sep	tember 20, 2009
Signature _ (By	the chairman or vice chairman of the board, president or other officer-if directors
	ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Kimberly S. Cox
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)