N39020

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OVISION OF CORPORALIBAS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Hidden Hawwoolk Property Owners Association, Inc.				
DOCUMENT NUMBER: N39020				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following: Melissa Summersill				
Melissa Summersill				
(Name of Contact Person)				
(Name of Contact Person) Hidden Hammock Property Owners Association, Inc. 27				
5884 Oragoon Drive				
(Address)				
Fort Denaud, Florida 33935 (City/ State and Zip Code)				
(City/ State and Zip Code)				
MSUMMERSILL@ MSN. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Nelissa Summersill at (561) 722-4504				
(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:				
S35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Scertified Copy (Additional Copy is Enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation					
Hidden Hammock Propert	y Owners Association, Inc.				
(Name of Corporation as currently filed with the Florida Dept. of State)					
N 39020					
(Document Numbe	r of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:					
A. If amending name, enter the new name of the corporation	on:				
Not Applicable The name					
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." of "Inc."				
B. Enter new principal office address, if applicable:	Melissa Surnmersill = 30				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	5884 Dragoon Drive				
	Fort Denaud, FL 33935 "				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Melissa Summersill				
	5884 Dragoon Drive				
	For+ Denaud, FL 33935				
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: MC	lissa Summersill - Treasurer				
588	5884 Dragoon Drive (Florida street address)				
New Registered Office Address:					
<u>tort</u>	Denaud Florida 33935 (City) (Zip Code)				
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam					

MUNE Sumustle - Treusurer
Signature of New Registered 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>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	T	Martha A Coven	5878 Dragoon Drive Fort Denaud, FL 33935
2) Change Add	T	Melissa Summersill	5884 Dragoon Drive Fort Denaud, FL 33935
Remove 3) Change Add Remove	<u>S</u>	fran Switzer	5761 Hidden Hammock Drive Fort Denaud, FZ 33935
4) Change Add Remove		Willam E. Blake	5765 Hidden Havnmack Dri
5) Change Add Remove	<u>D</u>	Alex Menkes	PO Box 32 Fort Myers Beach, FL 33931
6) Change Add	D	Jeffery Summersill	5884 Dragoon Drive Fort Denaud, FC 33935
Remove			

E. If amending or additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
Not Applicable					
,					

The date	ate of each amendment(s) adoption: FCbruary 9 th , 2017 nis document was signed.	if other than the
Effe	ive date if applicable: N/A (no more than 90 days after amendment file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nent's effective date on the Department of State's records.	listed as the
Ado	tion of Amendment(s) (CHECK ONE)	
석	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 February 9, 2017	
	Signature huy E. K	
	(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)	
	WAYNE C. Switzen	
	(Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	
	(Title or person signing)	