## NHDO77

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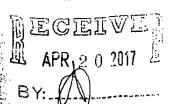
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## **COVER LETTER**

TO: Amer 4ment Section
Division of Corporations

NAME OF CORPORATION: HOLDEN RIDGE HOM	TEOWNER'S ASSOCIATION, INC
N40077	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted	l for filing.
Please return all correspondence concerning this matter to t	he following:
DONN	the following:  THE MARTINEZ  THE MARTINEZ
(Nan	
BLUE WATER COMM	IUNITY MANAGEMENT
(	Firm/ Company)
4735 OLD CANOR	E CREEK ROAD
	(Address)
ST. CLOUD, FL	34769
(City/	State and Zip Code)
donnie@m	ybwcm.com
E-mail address: (to be used for fir	ture annual report notification)
For further information concerning this matter, please call:	•
DONNIE MARTINEZ	407 343-0809 EXT 126
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable t	o the Florida Department of State:
(Add	75 Filing Fee & \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
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



## Articles of Amendment Articles of Incorporation of

	OI .	
HOLDEN RIDGE HOMEO	WNER'S ASSOCIATION, INC.	Dept. of State)
(Name of Corporation as c	urrently filed with the Florida	Dept. of State)
N40	077	Z
· (Document	Number of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the cor	<u>poration:</u>	The nev
name must be distinguishable and contain the word "co." "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or	
B. Enter new principal office address, if applicable:	N/A	A
Principal office address <u>MUST BE A STREET ADDR</u>	(ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/.	A
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered of</li> </ol>		er the name of the
Name of New Registered Agent:	N/A	
New Registered Office Address:	(Florida	street address)
		, Florida
<del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It		obligations of the position.
	N A Signature of New Registered	
	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 <math>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>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P	Andree Fraser	4735 old Canop Creek Ro St. Cloud F1 34769
2) Change Add Remove	ρ	Richard Brennan	4135 Old Canoe Creek Rd St. Cloud, Fl 34769
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
	,

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adward was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated Ma	charl Faenner	
Signature <b>A</b>	whard I beensur	
(By the chair have not bee	man or vice chairman of the board, president or other officer-if directors n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
	TICITARD F. BRENNAW  (Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	