# N46993

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C. CARROTHERS

# **COVER LETTER**

Wyndtree Phase V-Village & Association, Inc **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jeannette M. La Macchia
(Name of Contact Person) Mazarion t La Macchia & yahoo. com future annual report notification) Reannette La Macchia (727) 645-6364 For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

### **Mailing Address**

TO: Amendment Section

Division of Corporations

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**

to

**Articles of Incorporation** 

of

Wyndtree Phase V-Village 8 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 followings amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
MA 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 MUST BE A STREET ADDRESS)  1/22 Mazarion Pl.
New Port Richey, FL 34655
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  New Port Richey, FL 34655
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  7823 (primsby Lane (Florida street address))  New Registered Office Address:
New Port Richey, Florida 34655 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  Signature of New Registered Agent, if changing

Page 1 of 4

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	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>PD</u>	Sherie Carlson	1128 Mazarion Place New Port Richey, FL 341055
2) Change Add Remove	of P	Wynne Black	7924 Lake Placid Ln. New Port Richey, FL 34655
3) Change Add Remove		Diane Schultz	7823 Grimsby Lane New Port Richey, FL 34655
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	<del></del>		

E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)				
(attach additional sheets, if necessary).	(Be specific)			
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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)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s) l.	
There are no members or membadopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated	-1-14	
Signature HO	Machia)	
(By the chair	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 appointed fiduciary by that fiduciary)	
	annette La Macchia (Typed or printed name of person signing)	
	Becretary/Treasurer	
<del></del> -	(Title of person signing)	