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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: POLO LANE HOMEOWNERS ASSOCIATION, 1
DOCUMENT NUMBER: N47 555
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
POLO LANE HOMEOWNERS ASSOCIATION, INC. (Firm/Company)
1101 SW 43rd Place (Address)
Ocala Flor: Cla 34471 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person)  352 - 239 - 7175  (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address  Amendment Section  Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	WHERA' Y	Association, In	1 <u>C.</u>	
(Name of Corporation as cu	rrently nied with ti	he Florida Dept. of State)		
	umber of Corporation	on (if known)	···	
Pursuant to the provisions of section 617.1006, Florida Stramendment(s) to its Articles of Incorporation:	-	•	the following	
A. If amending name, enter the new name of the corpo	oration:	n/A		
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorp	porated" or the abbreviation "Corp	The new o. " or "Inc. "	
B. Enter new principal office address, if applicable:		NA		، وفير - الد
(Principal office address MUST BE A STREET ADDRE	SS)			<u>`</u>
				C
			(/)	20
C. Enter new mailing address, if applicable:		1	793 TV	P
(Mailing address MAY BE A POST OFFICE BOX)		W/A	بر من دن شر	<u>رن</u>
			1,7 = 1 ¥ 25	<del></del>
			<u> </u>	<b>00</b>
D. If amending the registered agent and/or registered of	office address in Fla	orida enter the name of the		
new registered agent and/or the new registered offic	e address:	orium, enter the name of the		
Name of New Registered Agent:			N/K	
<del></del>	<del></del>	(Florida street address)		
New Registered Office Address:		r ioi da sireel adaress)		
<del></del>		, Florida		
	(City)	(Lip Code)		
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	ed Agent: familiar with and a	ccept the obligations of the position	<b>1</b> .	
	Signature of New I	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	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
Change Add Remove	T\$	Kirk Leavy	1101 SW 43ep Ph Ocala f1 34471
2) Change Add Remove	<u>_6</u>	Pamela Cunningham	1150 SW 43 Pl. Ocala, Fl. 34471
3) ChangeAdd Remove	5_	Nira Colyn	1250 SW 43 nd P1 Ocala, F1. 34471
4) Change Add Remove		Chris Boyd	1251 SW 43 PA Ocala, Fl. 34471
5) Change Add Remove	<u>P</u>		P.O. Box 139 East Lake Weir F1. 32133
6) Change Add Remove	<u>V</u>	- -	P.O.Box139 East Lakeweir Fl. 32133
		Page 2 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		<u>Doe</u> Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	工	David Cuningha	M 1101 SW 43 29. - Ocala, FI. - 34471
2) Change Add			
Remove 3) Change			
Add			
4) Change Add			
Remove			
Add			
Change	<del></del>		
Add			

If amending or adding additional Ai attach additional sheets, if necessary).	. (Be specific)				
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The date of each amendment(s) adoption date this document was signed.	otion:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable seems. Ci
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop was/were sufficient for approval.	ted 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.	s entitled to vote on the amendment(s). The amendment(s) was/were
Dated Dec	15,2017
Signature <u>} lefuece</u> (By the chairman	or vice chairman of the board, president or other officer-if directors
mave not occu s	elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)
Rebec	Ca Schatt Am Dunninghan (Typed or printed name of person signing)
P ~ - c	
1125	(Outgoing) HRB. (IN. COMINA) (Title of person signing)