

N50975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

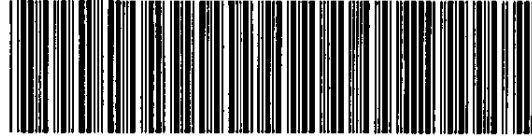
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/06/16--01017--004 **25.00

08/03/16--01007--011 **10.00

16 AUG -1 PM 12:15
RECEIVED
STATE
CORPORATIONS

AUG 04 2016
C McNAIR

JUN 15 2016

C McNAIR

**Hunter's Ridge Homeowners' Association
898 Bryson Loop
Lakeland, Florida 33809**

July 26, 2016

Cheryl R. McNair
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314


**RE: Hunter's Ridge Homeowners' Association of Polk County
Re: N50975**

Dear Ms. McNair:

It was nice speaking with you recently and I appreciate your help. Enclosed please find the completed forms you sent to me. Our president resigned because he moved and we added some officers. I have also enclosed a ten dollar check for the balance due per your letter.

If you have any questions, please call me at 863/660-2310. Again, thank you for your help.

Sincerely,



Karen R. Volpe
Secretary

krv
Enclosures

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
16 AUG - 1 PM 11:15

16 AUG - 1 PM 5:10
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hunter's Ridge Homeowners Association of Polk County
DOCUMENT NUMBER: 050975

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Volpe
(Name of Contact Person)

Hunter's Ridge Homeowners' Association of Polk County
(Firm/ Company)

898 Bryson Loop
(Address)

Lakeland, FL 33809
(City/ State and Zip Code)

Heritage Realty hpa@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Volpe at 863 660-2310
(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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|--|

Balance Due \$10.00

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

16 AUG - 1 PH 4:15

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P	David Nail	606 Keen Rd Plant City, FL 33566 (864 Bryson Loop - old address)
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	Stacey Orellana	840 Bryson Loop Lakeland FL 33809
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S	Karen Volpe	15236 Evans Ranch Rd Lakeland, FL 33809
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	Michele Marbra	888 Bryson Loop Lakeland, FL 33809
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	Melissa Barnett	733 Bryson Loop Lakeland, FL 33809
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ 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 7-22-2011

Signature Karen R. Volpe
(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)

Karen Volpe
(Typed or printed name of person signing)

Secretary
(Title of person signing)