## N93000005732

## (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_ Special Instructions to Filing Officer:

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WISION OF CORPORATION

Among C.COULLIETTE AUG 03 2009

**EXAMINER** 

## COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Villages of   | Lake Lucie Homeo  | wners' Association, Inc.  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|
| DOCUMENT NUMBER: N 930000 57.  | 3 2   |   |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are submit  | The enclosed Articles of Amendment and fee are submitted for filing.  |   |  |  |  |  |  |
| Please return all correspondence concerning this matter t                                      |   |   |  |  |  |  |  |
| Dolores Pilla (Name of Co  | ntact Person)   | ··· · · · · · · · · · · · · · · · · ·   |  |  |  |  |  |
| •  |   |   |  |  |  |  |  |
| (Firm/ C   | ompany)   | <del></del>   |  |  |  |  |  |
| 8301 Maidencane  | ress)   |   |  |  |  |  |  |
| Port St. Lucie (City/ State a  | 71 34952<br>and Zip Code)   |   |  |  |  |  |  |
| Paulores @ bells<br>E-mail address: (to be used to   | SOUTH . NET<br>or future annual report notification   | n)  |  |  |  |  |  |
| For further information concerning this matter, please ca                                      | dl:   |   |  |  |  |  |  |
| Dolores Pilla (Name of Contact Person)   | at (772) 879-   |   |  |  |  |  |  |
| Enclosed is a check for the following amount made pays   | able to the Florida Department of   | State:  |  |  |  |  |  |
| \$35 Filing Fee \$\text{Certificate of Status}\$   | ☐ \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed)  | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |  |  |
| 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 Ci Tallahassee, FL 32301 |   |  |  |  |  |  |



July 24, 2009

DOLORES PILLA 8301 MAIDENCANE PL PORT ST LUCIE, FL 34952

SUBJECT: VILLAGES OF LAKE LUCIE HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N93000005732

We have received your document for VILLAGES OF LAKE LUCIE HOMEOWNERS' ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You need to complete the last page of your amendment form, showing the date of adoption manner of adoption and the signature, person signing's name and title.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 409A00025535

2009 AUG -3 AM 8: OG SECRETARY OF STATE TALL AHASSEE, FLORID

## Articles of Amendment to Articles of Incorporation of

| N 9300005732  | vie Homeowners  In filed with the Florida Dept. of  er of Corporation (if known) | HSSCIUTION State           | , IIC ,  |
|---|--|----------------------------|--|
| Pursuant to the provisions of section 617.1006, Flo   | orida Statutes, this <i>Florida Not For</i>                                      | Profit Corporation adopt   | s  |
| A. If amending name, enter the new name of th   |  |                            |  |
| The new name must be distinguishable and cont abbreviation "Corp." or "Inc." "Company" or "                   |  |                            |  |
| B. Enter new principal office address, if applic  |  |                            | 12.00  |
|   |  | 09 A                       | SECTION SECTIO |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)                           | BOX)   | AUG -3 P                   | H OF COR   |
|   |  | PH 1: 51                   | PORATIO  |
| D. If amending the registered agent and/or reg<br>new registered agent and/or the new registe                 |  | enter the name of the      | Ž.   |
| Name of New Registered Agent:   |  | <del></del>                |  |
| New Registered Office Address:  | (Florida street address)   |                            |  |
| <del></del>   | (City)   | , Florida<br>(Zip Code)    |  |
| New Registered Agent's Signature, if changing<br>I hereby accept the appointment as registered a<br>position. | Registered Agent: agent. I am familiar with and ac                               | cept the obligations of th | ve   |
| Sign  | nature of New Registered Agent, if   | changing                   |  |

in de

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)

| <u>Tit</u> | <u>tle</u> | <u>Name</u>          |         | Address                                    | Type (                   | of Action     |
|------------|------------|----------------------|---------|--|--------------------------|---------------|
| I          | <u> </u>   | Patricia Ve          |         | 8298 Sandpi<br>Port St. Luci<br>3495.      | ne Cicole □ An<br>e, Fl. | dd<br>emove   |
| <u> </u>   | <u>S</u>   | Berjamin 118         | chlhews | 8234 Maides<br>Port St. Lui<br>34952       | icane Pl. A              | dd<br>emove   |
|            | 5_         | RobertR              | .oss    | 8285 Redco                                 | dar Pl X A               | dd<br>emove   |
| Title      |            | Name<br>Richard Hami |         | ress<br>209 Maiden<br>3rt St. Luc<br>34952 | Type o<br>Cane Pl.       | f Action  Add |
| ********   |            |                      |         |  |                          |               |
| _          |            | (                    |         |  |                          |               |
|            |            |                      |         |  | 3                        |               |
|            |            |                      |         |  |                          |               |
|            |            |                      | <u></u> |  | <u> </u>                 |               |

| The date of each amendment(s) adoption: 1 an 12 09  |
|---|
| Effective date if applicable: Jan 12 '07  |
| (no more than 90 days after amendment file date)  |
| 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 July 30'09 Signature Lalle Bulls  |
| (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, o other court appointed fiduciary by that fiduciary) |
| Tolores Pilla<br>(Typed or printed name of person signing)  |
| President (Title of person signing)   |