N96000000607

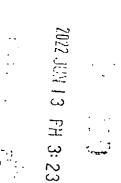
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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

COUNCIL CREST NAME OF CORPORATION:	НОА		
N9600000607 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sul	bmitted for filing.		
Please return all correspondence concerning this ma-	tter to the following:		
RICHARD UHLE, PRESIDENT			
	(Name of Contact Pe	rson)	
COUNCIL CREST HOMEOWNERS ASSOCIATE	ON, INC.		
	(Firm/ Company)	
P.O. BOX 412			
	(Address)		
ODESSA, FLORIDA 33556			
	(City/ State and Zip C	Code)	
RUHLE1@TAMPABAY.RR.COM			
E-mail address: (to be use	ed for future annual rep	ort notification	n)
For further information concerning this matter, pleas	se call:		
RICHARD UHLE	at	727	560-9151
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certifi Certifi	O Filing Fee icate of Status fed Copy tional Copy is used)
Mailing Address Amendment Section	Am	eet Address endment Sections	
Division of Corporations	Div	ision of Corpo	ranons

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

COUNCIL CREST HOMEOWNERS ASSOCIATION, INC.

2022 JUN 13 PH 3: 23

(Name of Corporation as currently filed with th	e Florida Dept. of State)	
N9600000607		• •
(Docur	nent Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or regi		enter the name of the
new registered agent and/or the new register	RICHARD UHLE	
Name of New Registered Agent:		
	18541 COUNCIL CREST DRIV	
New Registered Office Address:	•	orida street address)
	ODESSA	33556
	(City)	, Florida 33556 (Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		the obligations of the position.
		- Presount
-	Signature of New Registe	

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 De V Mike Je SV Sally Se	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	VALARIE K. HORTON	18570 COUNCIL CREST DR ODESSA, FL 33556
x Remove 2) Change Add	<u>T</u>	JOHN HORTON	18570 COUNCIL, CREST DR ODESSA, FL 33556
x Remove 3) x Change Add Remove	PT	RICHARD UHLE	18541 COUNCIL CREST DR ODESSA, FL 33556
4) × Change Add	<u>vs</u>	TOM SCHELLDORF	18571 COUNCIL CREST DR ODESSA, FL 33556
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	

-	=14.5	
-	·	

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		<u>.</u>
		
-		
	05/01/2022	
The date of each amendment(s) adoption:	05/01/2022	_, if other than the
date this document was signed.		
Effective date if applicable:		
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not tof State's records.	be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

	06/08/2022		
Dated	00/08/2022		
Signat	ure u		President
	have not been select	cted, by an incorporator – if in t	the hands of a receiver, trustee, or
	other court appoint	ted fiduciary by that fiduciary)	
	other court appoint		
	other court appoint	ted fiduciary by that fiduciary)	E
	other court appoint	red fiduciary by that fiduciary)	E of person signing)