N9700001423

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(Bu	ısiness Entity Nam	ne)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: MILL WALK H	IOMEOWNERS ASSOC	IATION, INC.
DOCUMENT NUM	BER: N9700001423		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
		a McDonald	
	(Name of	Contact Person)	
	CAPITAL REAI	LTY ADVISORS, INC.	
	(Firm	n/ Company)	
	600 SANDTRE	E DRIVE, SUITE 109	
	(2	Address)	
	PALM BEACH	GARDENS, FL 33403	_ <u>.</u>
	(City/ Sta	te and Zip Code)	
	E-mail address: (to be use	d for future annual report notifica	tion)
For further information	on concerning this matter, pleas	e call:	
Donna McDonald		at (561) 624-5888	3
(Name	of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Department	of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. 1	ng Address Idment Section Idment Sec	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



OSE MINON

MILL WALK HOMEOWNERS ASSOCIATION, INC

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

N97000001423

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A.	If amending r	<u>ıame, enter</u>	the new name	of the corporation:	N/A
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The new name must be distir	nguishable and contain the	word "corporation" of	r "incorporated" or the
abbreviation "Corp." or " Inc	c." <u>"Company" or "Co." m</u>	ay not be used in the no	<u>ime</u> .

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

Capital Realty Advisors, Inc.

600 Sandtree Drive, Suite 109

Palm Beach Gardens, FL 33403

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Capital Realty Advisors, Inc.

600 Sandtree Drive, Suite 109

Palm Beach Gardens, FL 33403

D. <u>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:</u>

Name of New Registered Agent:

Capital Realty Advisors, Inc.

600 Sandtree Drive, Suite 109

New Registered Office Address:

(Florida street address)

Palm Beach Gardens

(City)

Florida 33403

(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 3

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)

Type of Action Title <u>Name</u> Address PD Kaufman, Chris ☐ Add ☑ Remove **SEE ATTACHED SHEET WITH REVISIONS** ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

· MILL WALK HOMEOWNERS ASSOCIATION, INC. CURRENTLY LISTED OFFICERS/DIRECTORS

REVISIONS NEEDED

<u>Title</u>	Name KAUFMAN, CHRIS	Address 777 S. FLAGLER DR SUITE 800-WEST TOW, WPB FL 33401	* REMOVE *
Title VP	<u>Name</u> HARRIS, DEBBI	Address 777 S. FLAGLER DR SUITE 800 WEST TOW, WPB FL 33401 6574 Columbia Ave, Lake Worth FL 33467	* <u>REVISE</u>
Title SD PD	Name CHASE, VICKI	Address 777 S. FLAGLER DR SUITE 800 WEST TOW, WPB FL 33401 6578 Waverly Place, Lake Worth, FL 33467	* REVISE
Title TD	<u>Name</u> MARCINKOWSKI, GARY	Address 777 S. FLAGLER DR SUITE 800 WEST TOW, WPB FL 33401 6712 Columbia Ave., Lake Worth, FL 33467	* <u>REVISE</u>
Title D SD	Name MORANO, JASON	Address 777 S. FLAGLER DR SUITE 800 WEST TOW, WPB FL 33401 6568 Columbia Ave., Lake Worth, FL 33467	* <u>REVISE</u>

The date of each amendment	(s) adoption: 9/24/10
Effective date if applicable:	(date of adoption is required)
in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated	9-24-10
Signature	dicki Chase
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Typed or printed name of person signing)
	President (Title of namen signing)
	(Title of person signing)