N97000001779

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TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	Coral Way Home Own	ners Association			
1	N97000001779				
DOCUMENT NUMBER:					
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
Carla Hanks					
	(Name of Contact Pe	rson)		
Coral Way Home Owners A	ssociation				
		(Firm/ Company)		
34 Coral Way					
		(Address)			
Crawfordville, FL 32327		•			
	((City/ State and Zip (Code)		
cjhanks34@gmail.com			•	•	
Е	-mail address: (to be used f	or future annual rep	ort notification)	
For further information conc	erning this matter, please ca	all:			
Carla Hanks		at	850	528-4173	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number	•)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida [Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif S Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		An Div	reet Address nendment Sect vision of Corpo fton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Coral Way Home Owners Association, 17.			· · · · · · · · · · · · · · · · · · ·	
(Name of Corporation as curre	ntly filed with th	e Florida Dept. of	'State)	
N97000001779				
(Document Num	ber of Corporatio	n (if known)	 "	
ursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	tes, this <i>Florida I</i>	Not For Profit Corp	oration adopts	s the followin
. <u>If amending name, enter the new name of the corpora</u>	tion:			The new
ame must be distinguishable and contain the word "corpord Company" or "Co." may not be used in the name	ation" or "incorp	orated" or the abb	reviation "Cor	
. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	—NA			SECRETARY SE
. If amending the registered agent and/or registered off	ice address in Fl	orida, enter the na	ame of the	
new registered agent and/or the new registered office				
Name of New Registered Agent:				
New Registered Office Address:	NA	(Florida street add	lress)	
			, Florida	
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for		accept the obligatio	(Zip Code	,
	Signature of New	Registered Agent, i	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 D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>S</u>	Jennifer Myers	28 Coral Way
X Add			Crawfordville FL 32327
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Page 2 #8 shall read:
8. Assessments. The owners of the property within the Coral Way Subvision and associate members shall be assessed
a yearly assessment fee of \$100.00 for each lot, owned by such member, subject to a minimum yearly assessment
of \$100.00 per member, with special assessments prorated uniformly among the members. Annual dues shall be paid in full
by December 31 of each year. The dues structure will be \$25 due each quarter defined as March 31, June 30, September 30,
December 31. Any request for payment adjustment due to financial hardship must be submitted in writing to the
President.

		March 14, 2017	
		ndment(s) adoption:	, if other than the
date	this document was	signed.	
Effe	ctive date <u>if appli</u>	cable:	
		(no more than 90 days after amendment file date)	
		ted in this block does not meet the applicable statutory filing requirements, this date will not ate on the Department of State's records.	be listed as the
Ado	ption of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficier) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
	Dated	April 7, 2017	•
	Signature	Carlattank	
		(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)	
		Carla Hanks	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	