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SECRETARY OF STATIONS ON SECRETARY OF CORPORATIONS OF CORPORATIONS OF STATEMENT OF

JAN 0 7 2016 C McNAIR

COVER LETTER

Tallahassee, FL 32314

Just Children
COVER LETTER
COVER LETTER COVER LETTER TO: Amendment Section Division of Corporations
NAME OF CORPORATION: COUNTRYSIDE COMBOL ASSOCIATION OF CAPE CORAL.
DOCUMENT NUMBER: N 970000 62 55
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STELUTA SBURLEA 3911 COUNTRY CLUB BLAD. #204 CAPE CORAL FL. 33904 (Name of Contact Person)
CONTRYFILE CONDOS ASSOC. OF CAPE CORAL (Firm/ Company)
(Firm/ Company)
3911 COUNTRY CLUB BWD. #204
(Company)
CAPE CORAL, FL. 33904 (City/State and Zip Code)
dsburlea@live.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STELUTA SBURLEA (Name of Contact Person) at (239) 257-3065 (Area Code) (Daytime Telephone Number)
(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:
\$35 Filing Fee
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Article	to es of Incorporation	150 Care		
COUNTRY SIDE CONSOS AS	elociation of 010=	· CAPN CO		
(Nome of Comparting or assure	athy filed with the Flowide Dent of State)	40		
N 9700000 6255	into their with the Fightia Dept. of State)	17,		
(Document Num	ber of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation	adopts the following		
A. If amending name, enter the new name of the corporation	tion:	The new		
name must be distinguishable and contain the word "corpore "Company" or "Co," may not be used in the name.	ation" or "iscorporated" or the abbreviation			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	3911 COUNTRY CLUB B CAPE COPAL, FL. 3	35904		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3911 COUNTRY CLUB CAPE CORAL, FL.3	,		
D. 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:				
Name of New Registered Agent:	NEW STELLUTA	SAURLEA		
New Registered Office Address:	COUHTRY CUB BWD. #2 (Florida street address) APE NEH CORAC, Florida	FL. 33904		
	(City) (Zip	da <u> </u>		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for the signature of the si	dmiliar with and accept the objections of the			
· ·	Signature of New Registered Agent, if changi	ng		

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 A Add	PT John Do V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)	PD	JOE ONTANEDA	BLVD, H. 204, CAPE CORAL, FL 33904
2) Change Add Remove	TD	STELUTA, SBURLEA	BWD. AP. ZO4, CAPE CORAL, FL. 33904
3) Change Add Remove	<u>50</u>	HANFNER, LYNDA	3917 COCHPRY CEUB BUD. HP 101, CAPE COPAL, Fl. 33904
4) <u>K</u> Change Me Add Remove	MRER AT LARGE	CAROL, MILLS	3917 COUNTRY CLUB PWD. AP 103, CAPE CORAL FL. 33904
5) Change Add Remove	<u>sn</u>	PAYTON, JANET	3917 COUNTRY CLUB BWD, AP. ZOI, CAPE CORAC FL. 33904
6) Change	GEH <u>ADEIL H</u> T LARGE	= COSTELLO, MICHAEL	3911 COCHTRY CLUB BWD. AP. 203, CABE CORAL, FL. 33904

If amending or adding additional sheets, if necessity	essary). (Be specif	ic)			
	NA	-			
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The date of each amendment(s) adoption: $\frac{12/15/2015}{12015}$, if other than th
Effective date if applicable: Ol / Ol / 2016 (no more than 90 days after amendment file date)	
(nb 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 a document's effective date on the Department of State's records.	ot be listed as the
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 12/28/2015	
Signature All Olla la	
(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)	
DAN SBURLEA	
(Typed or printed name of person signing)	
Vice PRESIDENT	
(Title of person signing)	