N9800003443

(Red	questor's Name)	
(Add	dress)	_
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

Division of Corporations HOMEOWNERS ASSOCIATES, INC THE V 98000003443 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person) (Firm/ Company) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is

Enclosed)

Articles of Amendment to Articles of Incorporation of

WE SOMEN HOWSO	EXPNU	Hosociates	~ 7w
(Name of Corporation as currently	filed with the Florid	a Dept. of State)	
N990000344	43		
(Document Number of	of Corporation (if kno	wn)	
Pursuant to the provisions of section 617.1006, Florida Statutes, t amendment(s) to its Articles of Incorporation:	this <i>Florida Not For I</i>	Profit Corporation adopts the follo	owing
A. If amending name, enter the new name of the corporation	i		
			e new
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	n" or "incorporated"	or the abbreviation "Corp." or ".	Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
_			 =
C. Enter new mailing address, if applicable:		<i>ज</i>	59
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		1	
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D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		iter the name of the	TATE ONS
Name of New Registered Agent:			
	(Flori	da street address)	
New Registered Office Address:	•		
		, Florida	
•	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili		e obligations of the position.	
Com	ortura of Nav. Paginta-	ed Agent, if changing	

Page 1 of 4

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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	PT John V Mike	<u>Doe</u> Jones	
X Add		Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change	P	Deborah Starkweath	er 5063 Harper Valley Apopka FL Rd.
Add			Apopka FL Rd. 32712
2) Change	T	Tara Treaster	5208 Hackamore
Add			Apopka FL
Remove 3) Change Add	T	Selma Flannery	32712 5357 Harper Valley Apopka FL Rd.
Remove			32712
4) Change	<u>D</u>	Don Stoutjesdyk	5116 Harper Valley Rd Apopka FL
Remove	_		
5) Change	\square	Carol Gardner	5319 Martingale Lan
Remove			Apopka FL 32712
6) Change	****		·
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
				
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The date of each amendment(s) adoption: APRIL 17, 2018	, if other than the
Effective date if applicable: APRILIT, 2018 (no 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 document's effective date on the Department of State's records.	I not 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 <u>5-3-18</u>	
Signature Selma Flannery	
(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)	
SELMA FLANNERY	
(Typed or printed name of person signing)	
TREASURER	
(Title of person signing)	