N98000006462

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

'TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: _	HARBORLAKES RE	SIDENTS' ASSOCI	IATION	
DOCUMENT NUMBER:	65-0874847 N98000	006462		
The enclosed Articles of Amenda	nent and fee are subm	itted for filing.		
Please return all correspondence of	oncerning this matter	to the following:		
MARGARETR YODER MIKE HAWKINS				
	(Name of Contact Pe	rson)	
<u> </u>		(Firm/ Company)	
6 025-STAGE ROAD 3737 EL J	OBEAN ROAD #17	3		
		(Address)		
MEMPHIS TN 38134- PORT CH	IARLOTTE, FL 339	53		
	(City/ State and Zip (Code)	
STITCHALONG@ ATT.NET				
E-mail	address: (to be used i	or future annual rep	ort notification)
For further information concerning	g this matter, please c	all:		
MARGARET R YODER		at	901	581-0471
(Nam	e of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	ing amount made pay	able to the Florida D	Department of S	tate:
	43.75 Filing Fee & E ertificate of Status	3\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certific	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Addre Amendment Sec Division of Con P.O. Box 6327 Tallahassee, FL	etion porations	Am Div Clit 266	eet Address endment Section vision of Corpo fton Building 11 Executive Collahassee, FL 32	rations enter Circle



April 19, 2017

MIKE HAWKINS 3737 EL JOBEAN RD #173 PORT CHARLOTTE, FL 33953

SUBJECT: HARBOR LAKES OWNER'S ASSOCIATION, INC.

Ref. Number: N98000006462

We have received your document for HARBOR LAKES OWNER'S ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please file the document as either Articles of Amendment or Restated Articles of Incorporation pursuant to applicable Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 717A00007567

Articles of Amendment to Articles of Incorporation of

HARBUR LAKES OWNERS ASSOCIATION, INC			
(Name of Corporation as o	currently filed with the Florid	a Dept. of State)	
N98000006462			
(Document	Number of Corporation (if kno	wn)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For</i> a	Profit Corporation adopts the following	
A. If amending name, enter the new name of the cor	poration:		
HARBOR LAKES RESIDENTS' ASSOCIATION, INC		Tithe 100	
name must be distinguishable and contain the word "co <u>"Company" or "Co." may not be used in the name</u> .	rporation" or "incorporated"	or the abbreviation "Corp. of Unc	
B. Enter new principal office address, if applicable:	3737 EL JOBEAN RD	700	
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS)		
	PORT CHARLOTTE,	FL 33953	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	3737 EL JOBEAN RD		
	STE 173		
	PORT CHARLOTTE,	FL 33953	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		nter the name of the	
Name of New Registered Agent:	MIKE HAWKINS		
373	7 EL JOBEAN RD STE 173		
	(Florida street address)		
<u>New Registered Office Address</u> : POI	RT CHARLOTTE	Florida 33953	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		e obligations of the position.	
·	Make / Sun	Min	
	Nionature at New Register	ed Agent if changing	

Page 1 of 4

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	<u>V</u> <u>M</u>	hn Doe ike Jones illy Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	DONNA WALLACE	3737 EL JOBEAN RD
Add			#472
X Remove			PORT CHARLOTTE, FL 33953
2) Change	P	JEAN GOSSELIN	3737 EL JOBEAN RD
X Add			#197
Remove			PORT CHARLOTTE, FL 33953
3) Change	Т	MARGARET R YODER	3737 EL JOBEAN RD
X Add			#87
Remove			PORT CHARLOTTE, FL 33953
4) Change	<u>s</u>	SHEILA CAMPBELL	3737 EL JOBEAN RD
XAdd			#463
Remove			PORT CHARLOTTE, FL 33953
5) Change	-		
Add			
Remove			
6) Change		- The transmission of the	
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)	
Change to read:	
ARTICLE III PURPOSE AND POWERS	
The purpose of this Corporation is to conduct and carry on the normal business of a not for organization. The corporation has the authority to represent Harbor Lakes RV Resort residuith any issues concerning the welfare and safety of these residents and strive to ensure the Harbor Lakes RV Resort's park operation and maintenance is in accordance with application of the statutes. The Corporation shall have the powers specified in Florida Statutes 617.3	ents hat cabl
	

The	date of each amendment(s) adop	otion:	, if other than the
date	this document was signed.		
EM	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block ument's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will number timent of State's records.	ot be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)	
=	There are no members or member adopted by the board of directors	s entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated April 7, 2017	In A (10 -	
	have not been	an of vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
	Margaret R	Yoder	
		(Typed or printed name of person signing)	
	Treasurer		
		(Title of person cigning)	