

THIS INSTRUMENT PREPARED BY
AND RETURN TO:
KEVIN L. EDWARDS, ESQ.
BECKER & POLIAKOFF, P.A.
630 S. ORANGE AVENUE
SARASOTA, FL 34236

**CERTIFICATE OF AMENDMENT
TO THE
AMENDED AND RESTATED
BYLAWS
OF
HERITAGE VILLAGE WEST CONDOMINIUM ASSOCIATION, INC.**

The undersigned officers of Heritage Village West Condominium Association, Inc., a not for profit Florida corporation organized and existing to operate and maintain Heritage Village West Condominium according to the Declaration of Condominium thereof as originally recorded in O.R. Book 1041, page 1904, et seq. of the Public Records of Manatee County, Florida, as amended, hereby certify that the following amendment to the Amended and Restated Bylaws were duly adopted in the manner provided in the governing documents of the Association at a duly convened membership meeting held on November 5, 2005. The undersigned further certify that the amendments were proposed and adopted in accordance with the condominium documentation, and applicable law.

(Additions indicated by underlining, deletions by ~~strike-through~~)

1. Amendment to Article I ("Identification"), of the Bylaws, Section (1.4) to read as follows:

(1.4) The fiscal year of the Association shall be from April 1 to March 31. ~~The fiscal year of the Association shall be the calendar year (January 1 — December 31).~~

(All other Bylaw provisions shall remain unchanged.)

HERITAGE VILLAGE WEST CONDOMINIUM
ASSOCIATION, INC.

Robert S. Reneau
Witness Signature

ROBERT E. RENEAU
Printed Name

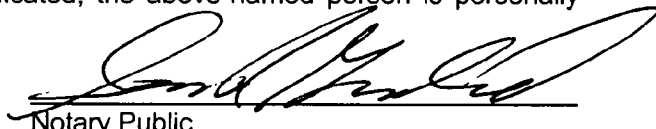
John Monahan
Witness Signature

JOHN MCMAHON
Printed Name

BY: [Signature] 2/16/06
President

STATE OF FLORIDA
COUNTY OF MANATEE

The foregoing instrument was acknowledged before me this 16 day of February, 2006 by Garland Walker, as President of HERITAGE VILLAGE WEST CONDOMINIUM ASSOCIATION, INC., a Florida corporation, on behalf of the corporation. He/She is personally known to me or has produced _____ as identification. If no type of identification is indicated, the above-named person is personally known to me.



Notary Public _____
Printed Name _____
State of Florida _____
My Commission Expires _____

SAR_DB: 133226_1

