## 745713

| •                    | Requestor's Name)       |
|----------------------|-------------------------|
|                      | Address)                |
|                      | Address)                |
|                      | City/State/Zip/Phone #) |
| PICK-UF              | WAIT MAIL               |
|                      | (Business Entity Name)  |
|                      | (Document Number)       |
| Certified Copies     | Certificates of Status  |
| Special Instructions | to Filing Officer:      |
|                      |                         |
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Amend 1010.4.12

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                               |  | ,  |  |
|--|--|--|--|
| NAME OF CORPORATION:   | Homeowners Ass                               | ociation of Hallandale Inc.  |  |
| DOCUMENT NUMBER: 745713  |  |  |  |
| The enclosed Articles of Amendment and fee are subm                          | nitted for filing.                           |  |  |
| Please return all correspondence concerning this matter                      | r to the following:                          |  |  |
| David Gurtman  |  |  |  |
|  | (Name of Contact Person                      | )  |  |
| Harbourwood Homeowners   | s Association                                | of Hallandale Inc.   |  |
|  | (Firm/Company)                               |  |  |
| 533 Leslie Drive   |  |  |  |
|  | (Address)                                    |  |  |
| Hallandale, Florida 33   | 009  |  |  |
|  | (City/ State and Zip Code                    | e)   |  |
| bod@harbourwe  | oodhoa.co                                    | m  |  |
| E-mail address: (to be used  |  |  |  |
| For further information concerning this matter, please                       | call:  |  |  |
| David Gurtman  | <sub>st</sub> 954                            | _416-3500  |  |
| (Name of Contact Person)   | (Area Co                                     | ode & Daytime Telephone Number)  |  |
| Enclosed is a check for the following amount made page                       | yable to the Florida Depa                    | artment of State:  |  |
| \$35 Filing Fee \$\sum \text{S43.75 Filing Fee & 1}\$  Certificate of Status | Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |  |
| Mailing Address  |  | Address  |  |
| Amendment Section Division of Corporations                                   | Amendment Section Division of Corporations   |  |  |
| • • • • • • • • • • • • • • • • • • •  | DIVIDIO                                      | Clifton Building   |  |
| P.O. Box 6327<br>Tallahassee, FL 32314                                       | Clifton                                      | Building xecutive Center Circle  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

| sociation of Hallandale Inc.  |   |
|---|---|
| Florida Dept. of State)   |   |
|   |   |
| poration (if known)   | <del></del>   |
| tutes, this Florida Not For Profit Corporation adopts the   | he follow   |
| ration:   |   |
|   | The n   |
| oration" or "incorporated" or the abbreviation "Corp.   |   |
| N/A   |   |
| <u>(32</u> )  | <del></del>   |
| <del></del>   |   |
|   | 一 600   |
| NI/A  | 7   |
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|   |   |
| 11 TO THE STITE CHARLESSY   |   |
| iderdale <sub>Florida</sub> 33316   |   |
| ity) (Zip Code)   |   |
| red Agent: I familiar with and accept the obligations of the position  State of Agent if changing | <b>n</b> .  |
|   |   |
| Page 1 of 4   |   |
|   | Plorida Dept. of State)  Florida Dept. of State)  Foration (if known)  Intes, this Florida Not For Profit Corporation adopts to ation:  Fration or "incorporated" or the abbreviation "Corp.  N/A  N/A  S)  N/A  Signature address in Florida, enter the name of the endiress:  J. Beilly P.A.  E. 3rd Street  (Florida street address)  derdale  (Zip Code)  pd Agent: |

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 | V Mik                      | n Doe<br>se Jones<br>sy Smith |                     |
|----------------------------------|----------------------------|-------------------------------|---------------------|
| Type of Action<br>(Check One)    | Title                      | <u>Name</u>                   | <u>Addres</u> s     |
| 1) Change                        | <u>D</u>                   | Sarah Maclean                 | 533 Leslie Drive    |
| Add                              |                            |                               | Hallandale, Florida |
| X                                |                            |                               | 33009               |
| 2) Change                        | D                          | Peggy Rice                    | 533 Leslie Drive    |
| X                                | <del>**** = * *** **</del> |                               | Hallandale, Florida |
| Remove                           |                            |                               | 33009               |
| 3) Change                        | D                          | Richard Gluckman              | 533 Leslie Drive    |
| X                                |                            |                               | Hallandale, Florida |
| Remove                           |                            |                               | 33009               |
| 4) Change                        | D                          | Nancy Schatken                | 533 Leslie Drive    |
| X Add                            |                            |                               | Hallandale, Florida |
| Remove                           |                            |                               | 33009               |
| 5) Change                        | D                          | Arlene Croft                  | 533 Leslie Drive    |
| X                                | <del></del>                | <del></del>                   | Hallandale, Florida |
| Remove                           |                            |                               | 33009               |
| 6) Change                        |                            |                               |                     |
| Add                              | -                          |                               |                     |
| Remove                           |                            |                               |                     |
|                                  |                            |                               |                     |

| . If amending or adding additional Arti (attach additional sheets, if necessary). | (Be specific)                         |
|---|---------------------------------------|
| N/A   | ·                                     |
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| The date of each amendment(s) adoption: 9/28/2012  |  |  |  |  |
|--|--|--|--|--|
| Effective date if applicable: Date Filed   |  |  |  |  |
| (no more than 90 days after amendment file date)   |  |  |  |  |
| 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 9/28/2012 Signature  |  |  |  |  |
| (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) |  |  |  |  |
| David Gurtman  |  |  |  |  |
| (Typed or printed name of person signing)  |  |  |  |  |
| President Harbourwood Homeowners Association of Hallandale Inc.  |  |  |  |  |
| (Title of person signing)  |  |  |  |  |