# N0400000203P

| (Requestor's Name)                      |
|---|
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| (Address)                               |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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SECRETARY OF STATE

7-19-1

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: GLENWOOD TOWNHOMES OWNERS ASSOCIATION |  |   |  |
|--|--|---|--|
| DOCUMENT NU  | мвек: <u>N0400002038</u>                     |   |  |
| The enclosed Article                                       | les of Amendment and fee are subm            | itted for filing.   |  |
| Please return all con                                      | rrespondence concerning this matter          | to the following:   |  |
|  |  | E PANACKAL .  | ***************************************  |
|  | (Name of Co                                  | ontact Person)  |  |
|  | GLENWOOD TOWNHOMES                           | OWNERS' ASSOCIATION   | I, INC.  |
| <del></del>  | (Firm/ C                                     | Company)  |  |
| 4403 NW 115TH AVE  |  |   |  |
|  | (Ad  | dress)  | -  |
|  | CORAL SPRINGS                                | S, FLORIDA, 33065   |  |
|  | (City/ State                                 | and Zip Code)   | And the second s |
|  | JOBYPANACKAI                                 | _@HOTMAIL.COM or future annual report notifical                     | tion)  |
| For further informa  | tion concerning this matter, please c        |   |  |
| t of farmer mornia   | tion concerning this matter, preuse o        |   |  |
| JOBY JOSE PA   | NACKAL                                       | at ( 954 ) 831-8005<br>(Area Code & Daytim                          | 5  |
| (Nan   | ne of Contact Person)                        | (Area Code & Daytim   | e Telephone Number)  |
| Enclosed is a check  | for the following amount made pay            | able to the Florida Department                                      | of State:  |
| <b> \$35</b> Filing Fee                                    | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed)  |
|  | iling Address                                | Street Address Amendment Section                                    |  |
|  | endment Section rision of Corporations       | Division of Corporation   | ns   |
| P.O. Box 6327<br>Tallahassee. FL 32314                     |  | Clifton Building<br>2661 Executive Center                           | Circle   |

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

## GLENWOOD TOWNHOMES OWNERS' ASSOCIATION \_DJC.

| (Name of Corporation as curren  | tly filed with the F                              | lorida Dept. of St                      | tate)                            |
|---|---|---|----------------------------------|
| N040  | 00002038  |   |                                  |
|   | per of Corporation (i                             | f known)                                |                                  |
| Pursuant to the provisions of section 617.1006, Fithe following amendment(s) to its Articles of Inc   |   | Florida Not For I                       | <b>Profit Corporation</b> adopts |
| A. If amending name, enter the new name of  | the corporation:                                  |   |                                  |
| The new name must be distinguishable and corabbreviation "Corp." or "Inc." <u>"Company" or</u>        |   |   | corporated" or the               |
| B. Enter new principal office address, if appli<br>(Principal office address <u>MUST BE A STREET</u>  |   |   |                                  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC                     | <u></u>   |   | TALLAMISSEE, EN                  |
| D. If amending the registered agent and/or renew registered agent and/or the new registered.          |   |   | ater the name of the             |
| Name of New Registered Agent:   | <del>, , , , , , , , , , , , , , , , , , , </del> | , · · · · · · · · · · · · · · · · · · · | ,                                |
| New Registered Office Address:  | (Florida sti                                      | reet address)                           |                                  |
| _   |   |   | , Florida                        |
|   | (Ci   | ty)                                     | (Zip Code)                       |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered position. | g Registered Agent:<br>agent. I am famil          | iar with and acce                       | ept the obligations of the       |
| Sis   | gnature of New Regi                               | stered Agent, if ch                     | anging                           |

# 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)

| <u>Title</u> | <u>Name</u>   | Address  | Type of Action                         |
|--------------|---|--|--|
| <u>VP</u>    | PATRICIA NEWELL   | 4405 NW 115TH AVE<br>CORAL SPRINGS<br>FLORIDA, 33065 |  |
| <u>VP</u>    | DHANMATTIE BRUNE  | 4405 NW 115TH AVE<br>CORAL SPRINGS<br>FLORIDA, 33065 | Remove                                 |
|              |   |  |  |
|              | ding or adding additional Articles, en<br>dditional sheets, if necessary). (Be sp | ecific)  |  |
|              |   |  |  |
|              | - 144. A.                                     |  |  |
|              |   |  |  |
|              |   |  |  |
|              |   |  |  |
|              |   |  | L. A. A. IPAIRON WIDOW                 |
|              |   |  |  |
|              |   |  |  |
|              | AND DE SEE SEE SEE SEE SEE SEE SEE SEE SEE  | *  |  |
|              |   |  |  |
| <del></del>  |   |  |  |
|              |   |  | ······································ |
|              |   |  |  |

|   | u 0/13/2011   |
|---|---|
| The date of each amendmen                             | (date of adoption is required)  |
| Effective date <u>if applicable</u> :                 | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                              | (CHECK ONE)   |
| ☑ The amendment(s) was/we was/were sufficient for app | ere adopted by the members and the number of votes cast for the amendment(s) proval.  |
| There are no members or adopted by the board of di    | members entitled to vote on the amendment(s). The amendment(s) was/were rectors.  |
| Dated 9/14 Signature                                  | 1/2011  |
| (By   | the chairman or vice chairman of the board, president or other officer-if directors on the been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) |
|   | JOBY JOSE PANACKAL  |
|   | (Typed or printed name of person signing)   |
|   | PRESIDENT   |
|   | (Title of person signing)   |

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