Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120000102073)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone

: (770)777-2091 Fax Number : (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN BRAEMAR/GOTHA HOMEOWNERS ASSOCIATION, INC.

> Certificate of Status 0 Certified Copy 1 05 Page Count \$43.75 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

1/12/2012

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Braemar/Goth	a Homeowners Association, Inc.
DOCUMENT NUMBER: N0600000974	.1
The enclosed Articles of Amendment and fee are submitted	
Please return all correspondence concerning this matter to c	ha following:
Sharon K. Gray	
(Nån	ne of Coutact Person)
Triad Professional Services	s, LLC
(Firm/ Company)
1720 Windward Concourse	, Ste. 390
	(Address)
Alpharetta, GA 30005	
(City)	State and Zip Code)
jbaden@triadpros.co	om
E-mail address; (to be used for to	iture annual report notification)
For further information concerning this matter, please call:	
Sharon K. Gray	at (770) 777-2091 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ■\$43 Certificate of Status Certified Cop (Ad	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tulluhassee, FL 32301

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A.
Article	to s of Incorporation
Braemar/Gotha Homeowners Assoc	or ciation Inc
(Name of Corporation as currently filed with the Flo	
N06000009741	(Mail 1969), 91 Fame
(Document Number of Corpor	ation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
	The no
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or " inc
B. Enter new principal office address, if applicable:	151 Southhall Lane
(Principal office address MUST BE A STREET ADDRESS	Suite 200
	Maitland, FL 32751-7172
C. Enter new mailing address, If applicable: (Mailing address MAY BE A POST OFFICE BOX)	151 Southhall Lane
	Suite 200
·	Maitland, FL 32751-7172
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent: NRAI Servi	ces, Inc.
· · · · · · · · · · · · · · · · · · ·	ark Avenue
New Registered Office Address:	(Florida sirees address)
Tallahasse	32301
(City)	e, Florida 32301 (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Alzent: 1

Page I 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	PT	John Doc	
X Remove	Ā	Mike Jones	
X Add	<u>sv</u>	Snily Smith	
Type of Action (Check One)	Title	Name	Address
Change Add XXX Remove	DP	Alfan N. Goldberg	111 S. Maitland Avonue Ste. 101 Maitland, Ft. 32751
2)ChangeAddXXX_Remove	DV	William W. Cole, Jr.	111 S. Maitland Avenue Ste. 101 Maitland, FL 32751
Change Add XXX Remove	DST	Nancy A. Rossman	6355 Metrowest Blvd. Ste. 330 Orlando, FL 32835
4) Change Add Remove	PD	Drew Abel	151 Southhall Lane Sulte 200 Maitland, FL 32751-7172
Change XXX Add Remove	<u>VPD</u>	Joff Menzel	151 Southhall Lane Suite 200 Maitland, FL 32751-7172
Change XXX Add Remove	STD	Chris Tyree	151 Southhall Lane Suite 200 Maltland, FL 32751-7172

If amending or adding additional Arattach additional sheets, if necessary).	(Be specific)			
				,
				×
			· .	
		With the same of t	The second secon	
1				
				_
·	****			-
				
· · · · · · · · · · · · · · · · · · ·				
		···	· · · · · · · · · · · · · · · · · · ·	
				
			<u> </u>	

Page 3 of 4

The date of each amendment(s) adoption: 12/29/2011			
Effective date if applicable:			
(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 east 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 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 fiductory by that fiductory)			
Drew Abel			
(Typed or printed name of person signing)			
President			
(Title	of person signing)		