

NO6236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

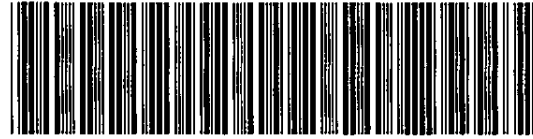
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/13/12--01024--009 **35.00

2012 AUG 20 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Amended
8/2/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WADE SURFSIDE CONDO ASSOC, INC
DOCUMENT NUMBER: NO6236

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOEY KILPATRICK-TASSO
Name of Contact Person
WADE SURFSIDE CONDO ASSOC. INC
Firm/ Company
P.O. Box 2573
Address
VALRICO FL 33595-2573
City/ State and Zip Code
JK@JMKOFTAMPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joey Kilpatrick-Tasso at (813) 453-9970
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

WADE SURFSIDE CONDOMINIUM ASSOCIATION INC

(Name of Corporation as currently filed with the Florida Dept. of State)

NO6234

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." or "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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FLORIDA
SECRETARY OF STATE

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

☒ Add

☐ Remove

D

JOSEFINA KILPATRICK
AS TRUSTEE OF THE
JOSEFINA KILPATRICK
TRUST

2102 ARBOR OAKS DR.
VALRICO FLORIDA 33594

2) ☒ Change

☐ Add

☐ Remove

D

LISSA HORNSTROM

919 S. Rome Ave #11
TAMPA FL 33606

3) ☒ Change

☐ Add

☐ Remove

D

RONNA ROGERS

18838 GULF BLVD #201
INDIAN SHORES FL 33785

4) ☒ Change

☐ Add

☐ Remove

D

PAUL ROGERS

18838 GULF BLVD #201
INDIAN SHORES, FL 33785

5) ☐ Change

☒ Add

☐ Remove

D

DIANE NEAL

18838 GULF BLVD #202
INDIAN SHORES, FL 33785

6) ☐ Change

☐ Add

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

n/a

The date of each amendment(s) adoption: _____

8-20-12

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 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

08/20/2012

Signature

Joe (Josefina) Kilpatrick

(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)

JOEY (JOSEFINA) KILPATRICK

(Typed or printed name of person signing)

Board Member

(Title of person signing)