

744912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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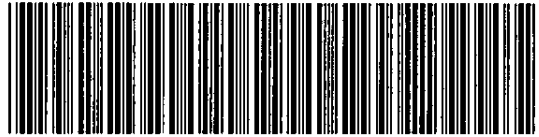
(Business Entity Name)

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2009 NOV -3 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TB

NOV - 5 2009

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Town Square Association, Inc

DOCUMENT NUMBER: 592003425

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

Please return all correspondence concerning this matter to the following:

Jacqueline E. Hawkins  
(Name of Contact Person)

Town Square Association, Inc  
(Firm/ Company)

4848 N.W. 24<sup>th</sup> Ct  
(Address)

Waukegan, IL 60093  
(City/ State and Zip Code)

TownSquare4848@Bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline E. Hawkins at (954) 733-1710  
(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 &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2009

JACQUELINE E HAWKINS  
TOWN SQUARE ASSOCIATION, INC.  
4848 NW 24TH CT  
LAUDERDALE LAKES, FL 33313

SUBJECT: TOWN SQUARE ASSOCIATION, INC.  
Ref. Number: 744912

We have received your document for TOWN SQUARE ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 909A00027919

Articles of Amendment  
to  
Articles of Incorporation  
of

Town Square Association, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

744912

(Document Number of Corporation (if known))

FILED  
2009 NOV -3 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "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**)

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_ (Florida street address)

\_\_\_\_\_, Florida  
(City) (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

*(Attach additional sheets, if necessary)*

additional-BEE attachment

(attach additional sheets, if necessary). (Be specific)

<u>Title</u>	<u>Name</u>	<u>Address</u>	
T.	DORNEY SEVERIN	4848 N.W. 24 <sup>th</sup> Ct. # 316	<u>add</u>
SD	PATRICIA MORRIS	4848 N.W. 24 <sup>th</sup> Ct # 121	<u>add</u>
ASD	ERICA DAVIS	4848 N.W. 24 <sup>th</sup> Ct. # 323	<u>add</u>
D	MARTHEMIA DUPREE	4848 N.W. 24 <sup>th</sup> Ct. # 109	<u>add</u>
D.	ANNA R. GONZALEZ BURNS	4848 N.W. 24 <sup>th</sup> Ct # 128	<u>add</u>
D	DAVID THOMAS	4848 N.W. 24 <sup>th</sup> Ct # 235	<u>add</u>
D	MARI MCINTYRE	4848 N.W. 24 <sup>th</sup> Ct # 138	<u>add</u>

### REMOVE from Officers / Directors

ALBERTO ALVAREZ	4848 N.W. 24 <sup>th</sup> Ct. # 429	<u>REMOVE</u> <u>Delete</u>
KURT HARDEN	4848 N.W. 24 <sup>th</sup> Ct. # 431	<u>Remove / Delete</u>

The date of each amendment(s) adoption: \_\_\_\_\_

9-30-09

(date of adoption is required)

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 \_\_\_\_\_

9-30-09

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)

RICHARD KING

(Typed or printed name of person signing)

V.P.

(Title of person signing (VICE President))