

745611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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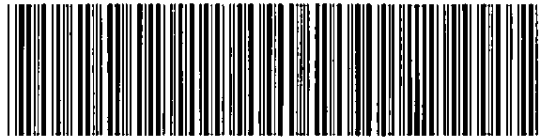
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Harbor Woods Village Homeowner's Assoc

DOCUMENT NUMBER: 745611

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

Please return all correspondence concerning this matter to the following:

Thomas Wozniak  
(Name of Contact Person)

Harbor Woods Village HOA  
(Firm/ Company)

3072 Hillside Lane  
(Address)

Safety Harbor FL 34695  
(City/ State and Zip Code)

presidentharborwoods village@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Wozniak at 727-214-8377  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Harbor Woods Village Homeowner's Assoc  
(Name of Corporation as currently filed with the Florida Dept. of State)

745611

(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:**

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: Thomas Wozniak  
3072 Hillside Lane Safety Harbor  
(Florida street address) 34695

New Registered Office Address:  
Safety Harbor Florida 34695  
(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.

Thomas Wozniak  
Signature of New Registered Agent, if changing

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

Type of Action  
(Check One)

Title

Name

Address

- |   |          |                       |  |
|---|----------|-----------------------|--|
| 1) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove | <u>P</u> | <u>Gregory Gum</u>    | <u>123 Harbor Woods Circle</u><br><u>Safety Harbor 34695</u> |
| 2) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove            | <u>V</u> | <u>Thomas Wozniak</u> | <u>3072 Hillside Lane</u><br><u>Safety Harbor 34695</u>      |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove                | <u>P</u> | <u>Thomas Wozniak</u> | <u>3072 Hillside Lane</u><br><u>Safety Harbor 34695</u>      |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove            | <u>V</u> | <u>Patrick Grace</u>  | <u>61 Harbor Woods Circle</u><br><u>Safety Harbor 34695</u>  |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove                       | _____    | _____                 | _____  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove                       | _____    | _____                 | _____  |

**F. If amending or adding additional Articles, enter change(s) here:**

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

N/A



- 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

11/14/2023

Signature

Patricia Backer

(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)

Patricia Backer

(Typed or printed name of person signing)

Treasurer HWV-HOA

(Title of person signing)