750387

(Requestor's Name)				
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EXAMINERA

COVER LETTER

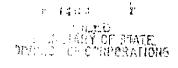
TO: Amendment Section Division of Corporations

•					
NAME OF CORPORATION:BAYWOOD VILLAGE #5 HOMEOWNERS ASSOC INC					
DOCUMENT NUMBER: 750387					
The enclosed Articles of Amendment and fee are submitted	for filing.				
Please return all correspondence concerning this matter to the	ne following:				
TORI LEWIS					
(Nam	e of Contact Person)			
AT YOUR SERVICE FINAN	NCIAL				
(1	Firm/ Company)				
923 E KLOSTERMAN RD					
	(Address)				
TARPON SPRINGS FL 340	689				
(City/	State and Zip Code),			
TORI@AYSTAX.COM					
E-mail address: (to be used for fu	E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:					
TORI LEWIS	,727	682-4233			
(Name of Contact Person)		de & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable	to the Florida Depar	tment of State:			
(Ac	3.75 Filing Fee & tified Copy Iditional copy is closed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)			
Mailing Address Amendment Section Division of Corporations		Address nent Section n of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



BAYWOOD VILLAGE #5 HOMEOWNERS ASSOC INC 14 AUG 25 PM 1: 49

(Name of Corporation as currently 750387	ined with the Fio	tua Dept. of State)		
(Docu	ment Number of Co	rporation (if known)		-
ursuant to the provisions of section 617.1 mendment(s) to its Articles of Incorporati		s, this <i>Florida Not For Pr</i>	ofit Corporation adopts the	following
. If amending name, enter the new nar	ne of the corporati	on:		
				_The new
ame must be distinguishable and contain Company" or "Co." may not be used in		ion" or "incorporated" or	the abbreviation "Corp." o	or "Inc."
B. Enter new principal office address, if	annlicable:			
Principal office address <u>MUST BE A ST</u>				-
				-
				_
Enter new mailing address, if applic	able:			
(Mailing address MAY BE A POST O				-
				_
				-
 If amending the registered agent and new registered agent and/or the new 			er the name of the	
-				
Name of New Registered Agent:		•		
		Florida street address)		
New Registered Office Address:	·	. Not tall 200 cell and telep		
			, Florida	
	(City)		(Zip Code)
ew Registered Agent's Signature, if ch	anging Registered	Agent:		
hereby accept the appointment as registe	red agent. I am fan	tiliar with and accept the o	obligations of the position.	
		·		
	Signature of New 1	Registered Agent, if changi	ing	

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 X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> te Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	DIR	TORI C LEWIS	89 EASTWINDS CT
Add			PALM HARBOR FL 34683
Remove			
2) Change	TRES	CAROLYN KIES	2 BAYWOOD DR
$X_{_Add}$			PALM HARBOR FL 34683
Remove	DIR	JOYCE DEVRIES	52 GULFWINDS DR W
3) Change		OOTOL BLVINLO	PALM HARBOR FL 34683
X Remove			
4) Change	DIR	DEBBIE CAMPBELL	96 EASTWINDS CT
$X_{_Add}$			PALM HARBOR FL 34683
Remove			
5) Change	DIR	ANDY KELLY	93 EASTWINDS DR
X_{Add}			PALM HARBOR FL 34683
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)			
				
			 ~	
,		. <u>.</u>		

Γhe	e date of each amendment	(s) adoption:	if other than the service.
late	this document was signed.		TIMESIAN L- CORRERATIONS
Eff	ective date <u>if applicable</u> :	AUGUST 1, 2014	
		(no more than 90 days after amendment)	file date) * RUG 23 PA I+ JF
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/we was/were sufficient for ap	ere adopted by the members and the number of votes proval.	cast for the amendment(s)
	There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The a irectors.	umendment(s) was/were
	Dated Signature	11/04/	
	(By the	chairman or vice chairman of the board, president or of been selected, by an incorporator – if in the hands ourt appointed fiduciary by that fiduciary)	
		Jeff Inegen	
	1	(Typed or printed name of person signing)	
		(Title of person signing)	