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R. WHITE. FEB 1 8 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	enbrook Estates Homeowners	Association, Inc.	
763063			
DOCUMENT NUMBER:		•	
The enclosed Articles of Amendment a	and fee are submitted for filing.		
Please return all correspondence conce	rning this matter to the followi	ng:	
Deborah L. Smith			
	(Name of Cont	act Person)	
Cianfrone, Nikoloff, Grant & Greenb	erg, P.A.		
	(Firm/ Con	npany)	 ·
1964 Bayshore Boulevard, Suite A			
	(Addre	ss)	
Dunedin, FL 34698			
	(City/ State and	Zip Code)	
law@attorneyjoe.com			
E-mail addr	ess: (to be used for future annu	al report notification	on)
For further information concerning this	s matter, please call:		
Deborah L. Smith		727 at	738-1100
(Name of	Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following a	mount made payable to the Fk	orida Department o	f State:
	Filing Fee & \$\sum \$\\$43.75 \text{ Filing} \text{Certified Cop} \text{(Additional cenclosed)}	oy Certi opy is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)
Mailing Address		Street Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

21101 22 1110:06

Greenbrook Estates Homeowners Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 763063 (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: 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. 40347 U.S. Highway 19 N., Suite 129 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Tarpon Springs, FL 34689 C. Enter new mailing address, if applicable: 40347 U.S. Highway 19 N., Suite 129 (Mailing address MAY BE A POST OFFICE BOX) Tarpon Springs, FL 34689 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: ProActive Property Management, LLC Name of New Registered Agent: 40347 U.S. Highway 19 N., Suite 129 (Florida street address) New Registered Office Address: Tarpon Springs Florida 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

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= Sccretary; 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	PT John Do V Mike Jo SV Sally Sn	<u>nes</u>	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>P</u>	Katie Glass	5430 Spring Hill Drive Spring Hill, FL 34606
* Remove			
2) Change Add	<u>P</u>	Roger Cornwell	40347 US Highway 19 N., Ste. 129 Tarpon Springs, FL 34689
Remove 3) × Change Add Remove	<u>v</u>	Diane Witkowski	40347 US Highway 19 N., Ste. 129 Tarpon Springs, FL 34689
4) Change Add	<u>T</u>	Danielle VanSickle	5430 Spring Hill Drive Spring Hill, FL 34606
* Remove			
5) Change Add	<u>T</u>	Marcia Navas	40347 US Highway 19 N., Ste. 129 Tarpon Springs, FL 34689
Remove			
6) Change Add	<u>S</u>	Michele Miller	5430 Spring Hill Drive Spring Hill, FL 34606
E. If amending or additional sheet		Page 2 of 4 <u>cles, enter change(s) here</u> : (Be specific)	
N/A			

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.

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Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
1) Change Add	<u>S</u>	Fran Paich		40347 US Highway 19 N., Ste. 129 Tarpon Springs, FL 34689
Remove				
2) Change Add		-		
Remove 3) Remove Add Remove				
4) Change Add		<u>-</u>		
Remove				
5) Change Add				
Remove				
6) Change Add		_		
Remove E. If amending or additional shee		onal Articles, enter cha essary). (Be specific)	Page 2 of 4 ange(s) here:	
(anner assurerme sheet	, 15 11001	and the speeds		

	
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Page 3 of 4	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not adocument's effective date on the Department of State's records.	be listed as the
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.	

\mathbf{Z}'	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 1/8/20
	Signature Comel
	(Bythe 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)
	ROGER L. CORNWELL
	(Typed or printed name of person signing)
	Tritle of person signing)