

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | j |

Office Use Only



700260545967

06/02/14--01020--006 **35.00

JUN 12 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: PARKSIDE VIL | LAS HOMEOWNERS ASSOCIATION, INC. |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: 767823 | |
| The enclosed Articles of Amendment and fee are subm | nitted for filing. |
| Please return all correspondence concerning this matter | r to the following: |
| ATHANASIOS GLAVAS | |
| | (Name of Contact Person) |
| | |
| | (Firm/ Company) |
| 7249 PARKSIDE VILLAS | S DRIVE N |
| | (Address) |
| SAINT PETERSBURG, F | FL 33709 |
| | (City/ State and Zip Code) |
| art337106@msn.d | |
| | for future annual report notification) |
| For further information concerning this matter, please of | |
| JOHN MEYERS | 278-1896 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pay | yable to the Florida Department of State: |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & 1 Certificate of Status | □\$43.75 Filing Fee & □\$52.50 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 |

Articles of Amendment to Articles of Incorporation of

14 July -2 17 2: 33

PARKSIDE VILLAS HOMEOWNERS ASSOCIATION, INC.

| (Name of Corporation as currently | y filed with the Florid | a Dept. of State) | trat to a financial and in section |
|--------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|----------------------------------------------|
| 767823 | | | P |
| (Docu | ment Number of Corpo | oration (if known) | |
| Pursuant to the provisions of section 617.1 imendment(s) to its Articles of Incorporation | | his <i>Florida Not For Profit</i> | Corporation adopts the following |
| A. If amending name, enter the new nar | ne of the corporation | <u>i</u> | |
| | | | The new |
| name must be distinguishable and contain <u>"Company"</u> or "Co." may not be used in t | | i" or "incorporated" or the | e abbreviation "Corp." or "Inc." |
| B. <u>Enter new principal office address, it</u> Principal office address <u>MUST BE A ST</u> | | | · |
| | _ | | |
| | | • | <u>. </u> |
| C. Enter new mailing address, if applic (Mailing address MAY BE A POST O | | | |
| | _ | | |
| | | | |
| D. If amending the registered agent and | | | he name of the |
| new registered agent and/or the new | registered office add | ress: | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | (Fle | orida street address) | |
| | | p | lorida |
| | (City) | · ' ' | (Zip Code) |
| New Registered Agent's Signature, if cha | anging Registered Ag | ent. | |
| hereby accept the appointment as registed | | | gations of the position. |
| | | | |
| | Signature of New Res | gistered Agent, if changing | |

Page 1 of 4

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: XChange X Remove X Add | $\overline{\underline{V}}$ $\underline{\underline{M}}$ | hn <u>Doe</u> ike Jones Illy Smith | |
|---------------------------------|--------------------------------------------------------|------------------------------------------|------------------------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | D | PAULA RANSDALE | 7339 PARKSIDE VILLAS DRIVE N |
| Add | | | SAINT PETERSBURG, FL 33709 |
| A Remove 2) Change | D | JEREMY SZURLEY | 7135 PARKSIDE VILLAS DRIVE N |
| X Add | | | SAINT PETERSBURG, FL 33709 |
| Remove 3) Change | <u>T</u> | JENESSA DEAN | 7343 PARKSIDE VILLAS DRIVE N |
| Add X Remove | | | ST PETERSBURG, FL 33709 |
| 4) Change | <u>T</u> | NANCY MEYERS | 7132 PARKSIDE VILLAS DRIVE N |
| X Add | | | SAINT PETERSBURG, FL 33709 |
| Remove 5) Change | <u>s</u> | TRACEY CLARK | 7320 PARKSIDE VILLAS DRIVE |
| Add | | | ST PETERSBURG, FL 33709 |
| Remove 6) Change | <u>D</u> | KATHERINA CROWDER | 5438 PARKSIDE VILLAS DRIVE W |
| XAdd | | | SAINT PETERSBURG, FL 33709 |
| Remove | | | |

| attach additional sheets, if | necessary). (| Be specific) | | | |
|------------------------------|---------------|--------------|-----------|--------------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | •••• | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | • | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | · · · · · | | 6 M. d. d |
| | | | | | · |
| | | | | | |
| | | | | | |
| | | | | | |
| *** | <u> </u> | | | | |
| | | | | | |
| ··· <u>-</u> | | | | | |
| | | | | | |
| | | | | | |
| • | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| (no more than 90 days after amendment file date) | | | | |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---|--|--|
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | | |
| The amendment(s) was/were adwas/were sufficient for approval | opted by the members and the number of votes cast for the amendment(s) | | | |
| There are no members or memb adopted by the board of director | ers entitled to vote on the amendment(s). The amendment(s) was/were rs. | | | |
| Dated | 5/30/14 | | | |
| Signature | M Ch. Mylless | | | |
| (By the chair | nan or vice chairman of the board, president or other officer-if directors | _ | | |
| , | n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary) | | | |
| JOHN ME | /ERS | | | |
| | Typed or printed name of person signing) | | | |
| PRESIDEN | IT | | | |
| - | (Title of person signing) | | | |