N0400002975

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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03/05/10--01034--019 **43.75

SECRETARY OF STATE TALLAHASSEE, FLORID

Amend & MC

MAR 1 0 2010

T

3-1-2010

To: Amendment Division - State of Florida

From: Joe Corbett

Re: Homeowners association

Our small group of homeowners (4 units) is forming an association, transferred over from the original builders.

Attached is a completed Articles of Amendment for the existing association.

Document # N-0004000002975 BARCELONA TOWNHOUSE ASSOCIATION, INC

Our goal is to accomplish the following:

- 1. Change name of association to: 3410 BARCELONA TOWNHOMES ASSOCIATION, INC
- 2. Remove previous 3 director's names
- 3. Add 3 new directors' names

Enclosed is the required payment of \$43.75.

Questions,

Please contact me at:

813-395-3156

Or email - corbettradio@aol.com

Joe Corbett

3410 W. Barcelona St. Unit-1

Tampa, FL. 33629

All Cull

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | DRATION: BARCELONA | TOWNHOUSE ASSOC | CIATION, INC. |
|-----------------------------|--|---|---|
| DOCUMENT NUM | IBER: N-04000002975 | | |
| The enclosed <i>Article</i> | es of Amendment and fee are sub | mitted for filing. | |
| Please return all corr | respondence concerning this matt | er to the following: | |
| | | CORBETT | |
| | (Name of | Contact Person) | |
| | 3410 BARCELONA TOW | NHOMES ASSOCIATION | NC. |
| | (Firm | / Company) | |
| | 3410 W. BARE | CLONA ST UNIT-1 | |
| | (/ | Address) | |
| | TAMPA | A, FL. 33629 | |
| | | te and Zip Code) | |
| | | adio@aol.com d for future annual report notifica | ation) |
| For further informat | ion concerning this matter, please | e call: | |
| JOE CORBETT | | _{at (} 813 ₎ 395-315 | 6 |
| (Name | e of Contact Person) | (Area Code & Daytir | ne Telephone Number) |
| Enclosed is a check | for the following amount made p | ayable 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) |
| Ame | ling Address endment Section | Street Address Amendment Section | |
| | sion of Corporations Box 6327 | Division of Corporation Clifton Building | ons |
| | ahassee, FL 32314 | 2661 Executive Center Tallahassee, FL 32301 | |

Articles of Amendment to **Articles of Incorporation**

| FILED |
|----------------------|
| 2010 MAR -5 AM 8: 57 |
| SECON AM 8: 57 |

BARCELONA TOWNHOUSE ASSOCIATION, INCLUARRY OF STATE CONTROL OF STATE OF CHIPPING ASSOCIATION, INCLUAR SEE, FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State)

N-04000002975 (Document Number of Corporation (if known)

| Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of | | , this <i>Florida Not For Pro</i> | ofit Corporation adopts |
|---|---------------------|-----------------------------------|--------------------------------------|
| A. If amending name, enter the new name | of the corporatio | <u>n:</u> | |
| 3410 BARCELONA T | OWNHOMES A | ASSOCIATION INC. | |
| The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company" | | | porated" or the |
| B. Enter new principal office address, if applicable: | | 3410 W. BARCELO | NA ST. |
| (Principal office address <u>MUST BE A STRE</u> | EET ADDRESS) | UNIT-1 | |
| | | TAMPA, FL. 33629 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | SAME AS ABOVE | |
| | | | |
| | | | |
| D. If amending the registered agent and/or | | | r the name of the |
| new registered agent and/or the new re- | gistered office add | dress: | |
| Name of New Registered Agent: | JOE | CORBETT | |
| | 3410 W. BAF | RECLONA ST UNIŢ | . i |
| New Registered Office Address: | | ida street address) | |
| | | TAMPA | , Florida 33629 |
| | <u> </u> | (City) | , Florida <u>33629</u> (Zip Code) |
| New Registered Agent's Signature, if change I hereby accept the appointment as register | red agent I am | familiar with and accept | the obligations of the |
| position. | -1/00 | ulett | · |
| | Signature of New | Registered Agent, if chan | ging |

Page 1 of 3

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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|------------------|----------------|
| D | NEIL LAYTON | PO BOX #740 | ☐ Add ☑ Remove |
| | | TAMPA. FL. 33601 | . W Remove |
| <u>D</u> | JUDITH JAMES | PO BOX #740 | Add |
| | | TAMPA, FL 33601 | ☑ Remove |
| <u>D</u> | KRISITE MATTHEWS | PO BOX #740 | |
| | | TAMPA, FL, 33601 | . ☑ Remove |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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)

<u>Title</u> **Type of Action Name** Address PRESI -MIKE LARSEN 3410 . W. BARCELONA ST ✓ Add ☐ Remove UNIT-3 TAMPA, FL, 33629 SUSAN HAKANSON TREA ☐ Remove UNIT-1 TAMPA, FL. 33629 D SECE STEPHANIE HALL ☐ Remove TAMPA, FL. 33629 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

| The date of each amendmen | t(s) adoption: <u>3/1/2010</u> |
|---|---|
| Effective date if applicable: | 3/1/2010 (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we was/were sufficient for app | ere adopted by the members and the number of votes cast for the amendment(s) proval. |
| There are no members or adopted by the board of di | members entitled to vote on the amendment(s). The amendment(s) was/were rectors. |
| Dated_1/29 | 9/2009 |
| Signature | SUSAN HARANSM 3/1/10 |
| (By | y the chairman or vice chairman of the board, president or other officer-if directo we not been selected, by an incorporator – if in the hands of a receiver, trustee, her court appointed fiduciary by that fiduciary) |
| | Susan Hakanson |
| | (Typed or printed name of person signing) |
| | D- SECRETARY |
| | (Title of person signing) |