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Office Use Only



400237387984

07/16/12--01033--017 \*\*35.00



Amend.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SANTA CATALIN NAME OF CORPORATION:	IA TOWNHOME	S HOME	OWNER'S ASSOCIATION, INC
DOCUMENT NUMBER:NO	500000	3916	
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this matt	ter to the followin	g;	
Jo	an New	man	
	(Name of Conta	ct Person)	
Blue Cres	st Manag	geme	nt LLC
	(Firm/ Com	ipany)	
2962 Triv	ium Circ	le, S	uite 203
	(Addres	ss)	
Fort Lau	derdale	, FL 3	33312
	(City/ State and	Zip Code)	
joan@bluecrestm	_		
E-mail address: (to be use		al report no	tification)
For further information concerning this matter, please	e call:		
Joan Newman	at (	954	745-0899
(Name of Contact Person)		(Area Cod	e & Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Flor	ida Depart	ment of State:
\$35 Filing Fee \$35 Certificate of Status		У	□\$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		Division Clifton B 2661 Exe	ent Section of Corporations

## Articles of Amendment to Articles of Incorporation of



## SANTA CATALINA TOWNHOMES HOMEOWNER'S ASSOCIATION, INC

orida Dept. of State)
3916
ration (if known)
tes, this Florida Not For Profit Corporation adopts the following
tion:
The
ation" or "incorporated" or the abbreviation "Corp." or ".
c/o Blue Crest Management LLC
2962 Trivium Circle, Suite 203
Fort Lauderdale, FL 33312
c/o Blue Crest Management LLC
2962 Trivium Circle, Suite 203
Fort Lauderdale, FL 33312
ice address in Florida, enter the name of the
address:
. •
(Florida street address)

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.

(City)

Signature of New Registered Agent, if changing

Florida

(Zip Code)

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>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Pres	Pamela Levengood	c/o Blue Crest Management
Add			2962 Trivium Circle, Ste 203
Remove			Fort Lauderdale, FL 33312
2) Change	VP	Matthew Moo-Young	c/o Blue Crest Management
Add			2962 Trivium Circle, Ste 203
Remove			Fort Lauderdale, FL 33312
3) Change	Sec	Melissa Moo-Young	c/o Blue Crest Management
Add			2962 Trivium Circle, Ste 203
Remove			Fort Lauderdale, FL 33312
4) Change	Tres	Marcos Korik	c/o Blue Crest Management
X Add	<del></del>		2962 Trivium Circle, Ste 203
Remove			Fort Lauderdale, FL 33312
5) Change	Dir	Silvan Korik	c/o Blue Crest Management
X Add			2962 Trivium Circle, Ste 203
Remove			Fort Lauderdale, FL 33312
6) Change			
Add			100100000000000000000000000000000000000
Remove			

. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
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The	e date of each amendment(s) adoption: June 26, 2012
Effe	ective date if applicable: June 26, 2012
	(no more than 90 days after amendment file date)
Ada	option 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.
	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 7/10/2012
	Signature (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)
	Pamela Levengood
	(Typed or printed name of person signing)
	President
	(Title of person signing)