

N05 000004630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

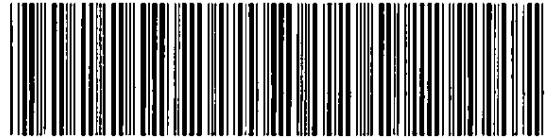
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2023

KYLE SMAGOWICZ
106 S HABANA AVE UNIT 4
TAMPA, FL 33609

SUBJECT: HABANA GARDENS HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N05000004630

We have received your document for HABANA GARDENS HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Not for Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 023A00020370

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FC

OCT 03 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HABANA GARDENS HOMEOWNER* ASSOCIATION, INC.

DOCUMENT NUMBER: N05000004630

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kyle Smagowicz

Name of Contact Person

Firm/ Company

106 S Habana Ave Unit 4

Address

Tampa FL 33609

City/ State and Zip Code

kylesmag@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle Smagowicz

at (813)

732-6265

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
JAN 10 2008
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

Articles of Amendment
to
Articles of Incorporation
of

Habana Gardens Homeowner* Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N050000004630

(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:

_____ The new
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.

106 S Habana Ave Unit 4

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS) Tampa FL 33609

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

106 S Habana Ave Unit 4

Tampa FL 33609

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:

Name of New Registered Agent: Kyle Smagowicz
106 S Habana Ave Unit 4

(Florida street address)

New Registered Office Address:

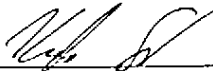
Tampa

(City)

Florida 33609
(Zip Code)

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

625101-5 11/5/29

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>CJ Sanchez</u>	<u>106 S Habana Ave #7</u> <u>Tampa FL 33609</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Stephen Hachey</u>	<u>10853 Boyette Rd</u> <u>Riverview FL 33569</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Kyle Smagowicz</u>	<u>106 S Habana Ave Unit 4</u> <u>Tampa FL 33609</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Hannah Schaefer</u>	<u>106 S Habana Ave #5</u> <u>Tampa FL 33609</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

100001-3 P.10.23

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Blank lined area for text entry.

REC-10 21 5 25

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 be listed as the document's effective date on the Department of State's records.

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.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

9/28/2023

Dated _____

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)

Kyle Smagowicz

(Typed or printed name of person signing)

President

(Title of person signing)

9/29/2023
FILE