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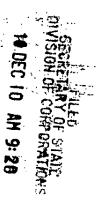
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Anero C.COULLIETTE

DEC 1 3 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: THE VILLAS	OF WESTSHORE PARM	is, INC.
DOCUMENT NUM	1BER: <u>NOSOOC</u>	00/2/85	
The enclosed Article	es of Amendment and fee are sub	omitted for filing.	
Please return all con	respondence concerning this mat	ter to the following:	
	MADIC BORD	oN.	
	(Name of	Contact Person)	
	(Firm	n/ Company)	
	5101 W. P.	POE AVE Address)	
	(,	Address)	
	TAMPA FL	33629 te and Zip Code)	
	(City/ Sta	ite and Zip Code)	
	E-mail address: (to be use	ed for future annual report notific	ation)
For further informat	ion concerning this matter, please	e call:	
MARK	Gordon	at (<u>8/3</u>) <u>76</u> (Area Code & Daytin	3-4848
(Name	e of Contact Person)	(Area Code & Daytin	me Telephone Number)
Enclosed is a check	for the following amount made p	payable to the Florida Departmen	t 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)
	ling Address endment Section	Street Address Amendment Section	,
	sion of Corporations	Division of Corporation	ons
P.O.	Box 6327	Clifton Building	
Talla	ahassee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

		the Florida Dept. of State)	
	0000 121		<u> </u>
(Document Nu	umber of Corpora	tion (if known)	•
rsuant to the provisions of section 617.1000 following amendment(s) to its Articles of		s, this <i>Florida Not For Profi</i>	
If amending name, enter the new name	of the corporation	on:	
e new name must be distinguishable and breviation "Corp." or "Inc." "Company"			rated" or the
Enter new principal office address, if aprincipal office address <u>MUST BE A STRE</u>		4209 W. GR TAMPA, FL	<u>ay 5+.</u> # 3 <u>3</u> 609
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		4209 W. GI TAMPA, FL	2AY St. #
If amending the registered agent and/or new registered agent and/or the new reg		e address in Florida, enter t	
Name of New Registered Agent:	DAVID	SILVER	
New Registered Office Address:	4209 h (Flor	J. GRAY St. #4	4
	TAMP		lorida 3360 (Zip Code)

New I her 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)

Title	Name	Address	Type of Action
	RALPH GUITO	5105 W. POEAVE TAMPA, FL 33629	Add Remove
	MARK GURBON	5101 W. POE AVE TAMPA, PL 33629	Add Remove
	SHARON GORDON	501 W. POR AVE TAMPA FL 33629,	Add Remove
	or adding additional Articles, enter clional sheets, if necessary). (Be specific		CONT.
	-		
			
.			

TITLE NAME ADDRESS Acron DAVID SINER 4209 W Cray St. ADD #4 Tompor FC 33609 Angela Duncan Tampa, FL 33609 Novak Scepanovic 503 N. Hubert Ave ADD Unit #Z Tampa FL 33609

The date of each amend	ment(s) adoption: 1//.5/10
·	(date of adoption is required)
Effective date <u>if applical</u>	ble:
•	(no more than 90 days after amendment file date)
Adoption of Amendmen	t(s) (<u>CHECK ONE</u>)
The amendment(s) wa was/were sufficient for	s/were adopted by the members and the number of votes cast for the amendment(s) approval.
There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
Dated_	11/15/10
Signatu	re ————————————————————————————————————
	(By the chairman of vice chairman of the board, president or other officer-if director
	have not been selected, by an incorporator - if in the hands of a receiver, trustee, or
	other court appointed fiduciary by that fiduciary)
	David Silver
	(Typed or printed name of person signing)
	President VOP HOA
	(Title of person signing)

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