

NOV 05 2015 1740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

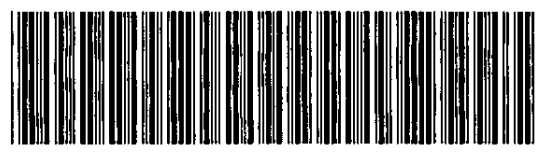
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 NOV - 5 - 17:12
FBI/DOJ
FBI/DOJ

NOV 05 2015

K. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2015

ZACHARY OSELAND
5118 56TH ST
TAMPA, FL 33610

SUBJECT: BAYSHORE VILLAS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000001740

We have received your document for BAYSHORE VILLAS CONDOMINIUM 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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 815A00021995

RECEIVED

15 NOV -5 PM 11:24

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BAYSHORE VILLAS CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N06000001740

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

Please return all correspondence concerning this matter to the following:

ZACHARY OSELAND

Name of Contact Person

AVESTA

Firm/ Company

5118 N 56TH STREET

Address

TAMPA, FL 33610

City/ State and Zip Code

GVTNOTICES@AVESTA.COM

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

For further information concerning this matter, please call:

ZACHARY OSELAND

Name of Contact Person

at (813) 444-1600

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BAYSHORE VILLAS CONDOMINIUM ASSOCIATION, INC

DOCUMENT NUMBER: N06000001740

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

Please return all correspondence concerning this matter to the following:

ZACHARY OSELAND

(Name of Contact Person)

AVESTA

(Firm/ Company)

5118 N 56TH STREET, SUITE 201

(Address)

TAMPA, FL 33610

(City/ State and Zip Code)

GVTNOTICES@AVESTA.COM

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

For further information concerning this matter, please call:

ZACHARY OSELAND

813

444-1600

at

(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)

Previously
Paid

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

15 NOV -5 PM 1:12

BAYSHORE VILLAS CONDOMINIUM ASSOCIATION, INC

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

N06000001740

(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:

N/A

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.

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5118 N 56TH STREET

TAMPA, FL 33610

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:

RICHARD J. MCINTYRE, ESQ

501 EAST KENNEDY BLVD

(Florida street address)

New Registered Office Address:

TAMPA

(City)

Florida 33602

(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

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 type="checkbox"/> Change	<u>PD</u>	<u>JOE COLLIER</u>	<u>4602 EISENHOWER BLVD</u>
<input type="checkbox"/> Add			<u>TAMPA, FL 33634</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>VPSD</u>	<u>JULIANNE V CORLEW</u>	<u>4602 EISENHOWER BLVD</u>
<input type="checkbox"/> Add			<u>TAMPA, FL 33634</u>
<input checked="" type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>TD</u>	<u>MAURA PALMER</u>	<u>4602 EISENHOWER BLVD</u>
<input type="checkbox"/> Add			<u>TAMPA, FL 33634</u>
<input checked="" type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>P</u>	<u>ZACHARY OSELAND</u>	<u>5118 N 56TH STREET</u>
<input checked="" type="checkbox"/> Add			<u>TAMPA, FL 33610</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u>S</u>	<u>CLINT MILLER</u>	<u>5118 N 56TH STREET</u>
<input checked="" type="checkbox"/> Add			<u>TAMPA, FL 33610</u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u>T</u>	<u>MONICA AMSTER</u>	<u>5118 N 56TH STREET</u>
<input checked="" type="checkbox"/> Add			<u>TAMPA, FL 33610</u>
<input type="checkbox"/> Remove			<u></u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

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

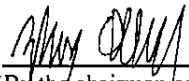
Effective date if applicable: N/A
(no more than 90 days after amendment file date)

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.

Dated NOVEMBER 3, 2015

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)

ZACHARY OSELAND
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)