

N06000004989

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

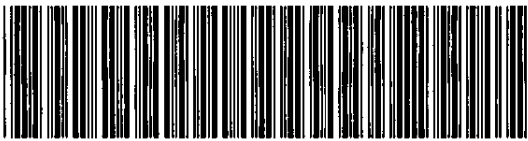
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
14 AUG 14 PM 3:01

Amend.  
08/14/14  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2014

JEFF CRAFT  
BELFAIR PARK PROPERTY OWNERS ASSOCIATION  
P. O. BOX 10153  
TAMPA, FL 33679

SUBJECT: BELFAIR PARK PROPERTY OWNERS ASSOCIATION, INC.  
Ref. Number: N06000004989

We have received your document for BELFAIR PARK PROPERTY OWNERS ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell  
Regulatory Specialist III

Letter Number: 814A00016632

*Check is enclosed, my apologies.*  
*Best Regards*  
*Jeff Craft*  
*(813) 484 1788*

RECEIVED  
14 AUG 14 PM 12:02  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** Belfair Park Property Owners Association, Inc.

**DOCUMENT NUMBER:** NO6000004989

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

Please return all correspondence concerning this matter to the following:

Jeff Craft

(Name of Contact Person)

Belfair Park Property Owners Association, Inc.

(Firm/ Company)

P.O. Box 10153

(Address)

Tampa, FL 33679

(City/ State and Zip Code)

SCRAFT@evergreenventuresllc.com

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

For further information concerning this matter, please call:

Jeff Craft

(Name of Contact Person)

at (813) 484 1788

(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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

14 JUL 31 PM 4:06

RECEIVED

Articles of Amendment  
to  
Articles of Incorporation  
of

Belfair Park Property Owners Association, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

106000004989

(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.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2506 DURANT RD.

VAIRICO, FL 33596

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 10153

TAMPA FL 33679

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:

Jeff Craft

2506 DURANT RD.

(Florida street address)

New Registered Office Address:

VAIRICO

(City)

Florida

33596

(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.

Jeff Craft

Signature of New Registered Agent, if changing

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ID</u>	<u>CISNEROS, FRANK G SR</u>	<u>111 S. ALBANY AVE</u> <u>#100</u> <u>TAMPA, FL 33606</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ID</u>	<u>CISNEROS, FRANK G</u>	<u>111 S. ALBANY AVE</u> <u>#100</u> <u>TAMPA, FL 33606</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ID</u>	<u>CISNEROS, J. CARLOS</u>	<u>111 S. ALBANY AVE</u> <u>#100</u> <u>TAMPA, FL 33606</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ID</u>	<u>CRAFT, Jeff</u>	<u>2506 DURANT RD</u> <u>VALRICO, FL 33596</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ID</u>	<u>WILLIAMS, DUNNA</u>	<u>2506 DURANT RD</u> <u>VALRICO, FL 33596</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ID</u>	<u>LENHART SR, Mike</u>	<u>2506 DURANT RD</u> <u>VALRICO, FL 33596</u>

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

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 1/28/14

Signature [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)

Self CRAFT  
(Typed or printed name of person signing)

DIRECTOR / CHAIRMAN  
(Title of person signing)