N07000006921

| (Re | questor's Name) | |
|-------------------------|--------------------|--------------|
| (Ad | dress) | |
| (Ád | dress) | |
| (Cit | ty/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | . <u>-</u> . |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



200245315662

03/07/13--01014--016 **25.00

03/14/19--01038--003 **10.00

2013 NAR IN PH I: 27
SECRETARY OF STATE

Amend

MAR 1 4 2013

T. LEWIS

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: TUSCONY SQUARE HUMEBURYS ASSOCIOTION INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) E-mail address: (to be used for future annual report notification For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



March 11, 2013

MICHELE ANDON PARKLAND INVESTMENT CAPITAL 9825 MARINA BLVD. #100 BOCA RATON, FL 33428

SUBJECT: TUSCANY SQUARE HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N07000006921

We have received your document for TUSCANY SQUARE HOMEOWNERS ASSOCIATION, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

The filing fee for Articles of Amendment is \$35.00, there is a balance of \$10.00 due.

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.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 013A00005711



Phone: 561-488-9509 Fax: 561-488-2539

WWW.CJMcommunities.com

E-mail: Michele@CJMcommunities.com

TRANSMITTAL LETTER

| To: | Division of Corporation Amendment Section | | | Date: Project: | 3/13/13 | 3 | | | | | |
|----------|---|---------------|---------------|----------------------|--------------------------|--------------------------------|-------|-------------|------|-------------|------------|
| | 2661 W. Executive Center Circle | | | Re: | Amended Articles REVISED | | | | | | |
| | | hassee, FL | | 011010 | Attn.: | | | LEWIS | | 11022 | |
| | | | | | Phone: | 850.43 | | | | | |
| cc: | | | | | Fax: | | | | | | |
| Enclose | ed plea | se find the f | ollowing iten | ns sent via: | US M | Iail X | Ov | ernight | | Courier | Pickup |
| | Pri | nts: | 1 | Pla | ns: | | | С | hecl | | |
| X | | rresponden | ce: | Dis | | Other: Application | | | | | on . |
| 11 | | i esponaen | | 12.0 | **** | | | | | рр | |
| Da | ate | Copies | No. | | | | | ription | | | |
| 3/13/ | 13 | 1 | 1 | Check #10 Amendme | | | | ance du | e on | the origina | 1 |
| | | 1 | 2 | Return Fe | d Ex Labe | el | | | | | |
| | | 1 | 3 | REVISED CORPOR | | for Amendment for a NON PROFIT | | | | | |
| | | | | CORTOR | AHON | | | | | | |
| | | | | 1 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | · | | | | | | | | | | |
| | | | | | | | | | | | |
| <u> </u> | | | | | | | | | | | |
| | | | | | | | | | | | |
| Basis | for tra | nsmittal: | | | | | | | | | |
| Fc | or appr | oval: | Per your re | equest: | For re | view and | l con | nment: | | Informa | tion only: |
| Sent by: | | | | | Date:_ | | | | | | |
| Receiv | Received by: | | | | | Date: | | | | | |



Phone: 561-488-9509 Fax: 561-488-2539

WWW.CJMCOMMUNITIES.COM

E-mail: Michele@CJMcommunities.com

TRANSMITTAL LETTER

| To: | Division of Corporations | | | Date: | March 6, 2013 | | | | | |
|---------------|--------------------------|----------------|---------------|--------------|--------------------|--------------|---------|---------|-------------|---------------------------------------|
| ľ | Registration Section | | | Project: | Tuscany Square HOA | | | | | |
| | | on Building | | | Re: | | • | | | |
| | | W. Execut | | Circle | Attn.: | | | | | - |
| | | hassee, FL | | <u></u> | Phone: | | - | ** | | |
| cc: | | ., | | | Fax: | | | | | - |
| L | | | | | ı | | | | | |
| Enclose | d plea: | se find the fo | ollowing iter | ns sent via: | US M | ail X O | vernig | ht | Courier | Pickup |
| | Pri | nts: | | Plai | ns: | | | Check | : | |
| X | Co | rrespondenc | ce: | Dis | ks: | | | Other: | Application | on |
| | | | | | | | | | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| Da | te | Copies | No. | | | Des | criptio | on | | |
| 3/6/13 | } | 1 | 1 | Check #10 | | | | | | |
| 3/6/13 | | | | Return Fe | | | | | | |
| 3/6/13 | } | 1 | 3 | Articles of | f Amendm | ent Tuscan | y Squ | are HO. | A | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| <u> </u> | | | <u> </u> | | | | | | | |
| | | | | | | | | | | |
| | | | | 4- | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Basis f | for trai | nsmittal: | | \bigcap | | | | | | |
| For | r annr | oval: | Per your re | equest./ | For rev | view and cor | mmen | ıt• | Informs | ation only: |
| |) | N | 1010011 | / | 101101 | 10 W and CO | | . [| | tion only. |
| Sent by Fo | | MIC | | | _ | Date: | 31 | 011- | <u> </u> | |
| Receive | | | | | | | | | | |

| Articles of Amendment |
|--|
| to Articles of Incorporation |
| of SECO |
| Articles of Amendment to Articles of Incorporation of State Name of Corporation as currently filed with the Florida Dept. of State (Document Number of Corporation (if known) |
| NOTOWNIDG21 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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: 9825 Nama 61Vd #100 (Principal office address MUST BE A STREET ADDRESS) BOCA Patr FL 33428 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 4 100 Doc a laten FL 33428 |
| 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: 400 (64) WY) 9825 Narina 61vd #100 |
| New Registered Office Address: |
| BOCA LATEN, Florida 33428 (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 |

Page 1 of 4

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>Mik</u> | n <u>Doe</u> e <u>Jones</u> y <u>Smith</u> | |
|--------------------------------------|---------------------|--|--|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change Add Remove | RA | Chris Niles | 2400 East Commercial Blut # 208 Ft Laudardale FC 3330t |
| 2) Change Add | DPT | Chns Baczewski | 900 NWISTAVE Boca Paten PL33432 |
| Remove 3) Change Add Remove | <u>VPS</u> | Ohris Baczewski | 900 NW 1St-Aug. BOCA Raton FL 3343 Z |
| Remove 4) Change Add | DPT | bary brown | 9825 Marina Blud #100 |
| Remove 5) Change Add Remove | 2 | Eary Brown | 9825 Marina blud #100 Doca Carn FL 33428 |
| 6) Change Add Remove | | | |

| ttach additional sheets, if necessary). | (Be specific) |
|---|---------------|
| | |
| | |
| · | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| <u> </u> | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| The date of each amendment(s) adoption: 31.4/13 |
|---|
| Effective date if applicable: 314113 |
| (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 |
| 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) |
| Chris Baczewski |
| (Typed or printed name of person signing) DPT , VI25 |
| (Title of person signing) |