

N16215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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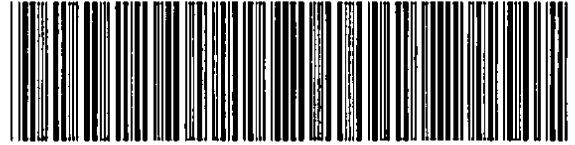
(Business Entity Name)

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AUG -1 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sea Pines Townhome Owners Assoc

DOCUMENT NUMBER: N 16215

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

Please return all correspondence concerning this matter to the following:

Barry Kissel

(Name of Contact Person)

Sea Pines Townhome Owners Assoc

(Firm/ Company)

1808 Sea Pines Lane

(Address)

Nauvve FL 32566

(City/ State and Zip Code)

Kavbar 932@atl.net

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

For further information concerning this matter, please call:

Barry Kissel

(Name of Contact Person)

at

850

(Area Code)

812-2136

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Sea Pines Townhomes Owners' Association, Inc.

N 16215 or FEI 59-283024

2019 JUL 26 AM 7:54

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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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Pres.</u>	<u>Barvy Kissell</u>	<u>1808 Sea Pines har</u> <u>Navarre FL 325</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V-Pros</u>	<u>(Ama) Anjum Ullah</u>	<u>1816 Sea Pines Lan.</u> <u>Navarre, FL 32566</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Sec.</u>	<u>Danielle Worley</u>	<u>1812 Sea Pines har</u> <u>Navarre, FL 3256</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Treas.</u>	<u>Michele Machabb</u>	<u>1818 Sea Pines L</u> <u>Navarre, FL 3256</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Plus</u>	<u>Arty Goodman</u>	<u>PO Box 5041</u> <u>Navarre, FL 32566</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Treas.</u>	<u>Wendy Whittington</u>	<u>8290 Covewood h</u> <u>Navarre, FL 3256</u>
<input checked="" type="checkbox"/> remove.	<u>S</u>	<u>Bryan Sykes</u>	<u>6230 Benkinsho</u> <u>Cincinnati, Ohio 4</u>

This image shows a single sheet of white paper with horizontal 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: June 1st 2019
(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 7/15/19

Signature X [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)

Barry Kissel
(Typed or printed name of person signing)

President
(Title of person signing)