

N22000009363

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : 120190000120
Phone : (359)769-3434
Fax Number : (251)544-1643

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: csimpson@handfirm.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
BAYSIDE POINTE HOMEOWNERS ASSOCIATION, INC.

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Corporate Filing Menu

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2023 DEC 27 AM 11:00
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RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

JAN 04 2024

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BAYSIDE POINTE HOMEOWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: N22000009363

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

Please return all correspondence concerning this matter to the following:

LESLIE SHEEKLEY

(Name of Contact Person)

HAND ARENDALL HARRISON SALE

(Firm/ Company)

35008 EMERALD COAST PARKWAY, FIFTH FLOOR

(Address)

DESTIN, FL 32541

(City/ State and Zip Code)

lsheekley@handfirm.com

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

For further information concerning this matter, please call:

LESLIE SHEEKLEY

(850)

650-0010

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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
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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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 DEC 27 AM 11:30

Articles of Amendment
to
Articles of Incorporation
of

BAYSIDE POINTE HOMEOWNERS ASSOCIATION, INC.

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

N22000009363

(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:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

2023 DEC 27 PM 11:50

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 <input type="checkbox"/> Add	<u>P</u>	<u>REED HAYDON</u>	<u>5795 ULMERTON ROAD, SUITE</u> <u>CLEARWATER, FL 33760</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>P</u>	<u>CHRISTINE SIFONTE</u>	<u>5901 N. HONORE AVE. STE 250</u> <u>SARASOTA, FL 34243</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VS</u>	<u>MATTHEW MARQUARDT</u>	<u>625 COURT STREET, SUITE 200</u> <u>CLEARWATER, FL 35756</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VS</u>	<u>NICOLAS APARICIO</u>	<u>5901 N. HONORE AVE. STE 250</u> <u>SARASOTA, FL 34243</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>RYAN ZOOK</u>	<u>N/A</u> <u>SARASOTA, FL 34243</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>MATTHEW PUCKACE</u>	<u>5901 N. HONORE AVE. STE 250</u> <u>SARASOTA, FL 34243</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

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.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

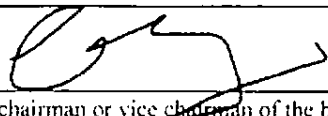
Adoption of Amendment(s) (CHECK ONE)

- ☐ 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 12/27/2023

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)

CHRISTINE SIFONTE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)