

N31461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

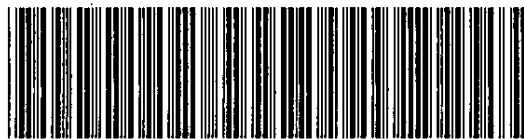
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

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12 MAR 12 AM 11:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 13 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BROOKVIEW VILLAS HOMEOWNERS ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: N31461

The enclosed ~~Articles of Incorporation and Fee~~ are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael O. Yorke
Name of Contact Person

BROOKVIEW VILLAS HOMEOWNERS ASSOCIATION
Firm/Company

P.O. Box 6410
Address

SPRING HILL, FLORIDA 34611
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Yorke at (352) 442-0000
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

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

BROOKVIEW VILLAS HOMEOWNERS ASSOCIATION, INC.

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

N31461

(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:

NA

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:

NA

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

NA

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:

NA

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

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12 MAR 12 AM 11:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change <u> </u> Add <u>X</u> Remove	<u>STD</u>	<u>John E Gardner</u>	<u>9075 SWISS RD</u> <u>Spring Hill, FL 34606</u>
2) <u> </u> Change <u> </u> Add <u>X</u> Remove	<u>VPD</u>	<u>Brenda J FALDUTO</u>	<u>5252 KEYSVILLE AVENUE</u> <u>Spring Hill, FL 34608</u>
3) <u> </u> Change <u> </u> Add <u>X</u> Remove	<u>PD</u>	<u>Anthony FALDUTO</u>	<u>5252 KEYSVILLE AVENUE</u> <u>Spring Hill, FL 34608</u>
4) <u> </u> Change <u>X</u> Add <u> </u> Remove	<u>PD</u>	<u>Michael O. Yorke</u>	<u>7116A Barclay Ave</u> <u>BROOKSVILLE, FL 34609</u>
5) <u> </u> Change <u>X</u> Add <u> </u> Remove	<u>VPD</u>	<u>Chris Fahey</u>	<u>7104A Barclay Ave</u> <u>BROOKSVILLE, FL 34609</u>
6) <u> </u> Change <u>X</u> Add <u> </u> Remove	<u>STD</u>	<u>MARIA E MELENDEZ</u>	<u>7112D Barclay Ave</u> <u>BROOKSVILLE, FL 34609</u>

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:

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Example:

X Change PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Donna Bennett</u>	<u>6123 Raleigh St</u> <u>Spring Hill, FL 34606</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>VINCE KUKA</u>	<u>20139 Bowman Road</u> <u>Spring Hill, FL 34610</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

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

NA

The date of each amendment(s) adoption: 7 MAR 2012

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 7 MAR 2012

Signature Michael O Yorke
(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)

MICHAEL O. YORKE
(Typed or printed name of person signing)

PRESIDENT, Brookview Villas Homeowners Association Inc.
(Title of person signing)