N35222

(Requestor's Name)
(Address)
(Address)
(introduction)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cocament Namber)
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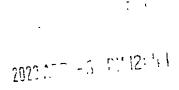
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APR 0 7 2020 S. YOUNG





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2020

JOY MACALUSO TROPICANA VILLAGE HOA, INC 4744 SE 132ND PLACE BELLEVIEW, FL 34420

SUBJECT: TROPICANA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N35222

We have received your document for TROPICANA VILLAGE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ALL PAGES MUST BE MAILED

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.

Letter Number: 620A00006346

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION I TO PICAY	a Village	Homeowners Association
DOCUMENT NUMBER: 59-299	11129	
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this ma	tter to the following:	
Joy MACALUSO	(None of Contact Days	
9	(Name of Comact Perso	11)
Tropicana Village	Homeowa (Firm/Company)	ers Association, In
4744 SE 132 no	A Place (Address)	
Belleview, Florida	344a (City/ State and Zip Coc	de)
Clubhouse 47 H4 @ E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Joy MACALUSO (Name of Contact Perso	a(3	(562) 347-5705
Enclosed is a check for the following amount made		
S35 Filing Fee		Certificate of Status
	(Additional copy is	Certified Copy
	enclosed)	(Additional Copy is Enclosed)
Mailing Address		Address
A 1224121 (12224) A 2211 (1222)	A 133.313	transpart Novethern

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida	Dept. of State)	
Tropicana Villag Homeou	iners A	ssociation, Inc.
Tropicana Village Homeon Document Num	ber of Corporation	ı (if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida N</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ution:	
		The new
name must be distinguishable and contain the word "corpore" Company" or "Co." may not be used in the name.	ation" or "incorpe	orated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
D. If amending the registered agent and/or registered off	fice address in Flo	orida, enter the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
Sew negisierea Office radiress.		
	(City)	Florida (Zip Code)
		(2.1p × (Aux.)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo		ecept the obligations of the position.
, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,
S	Signature of New I	Registered Agent, if changing viii
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		ing a L

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	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add	T Vickie Grodesky	4842 SE 130th Place Belleview
 	J mary Ellen Bennett	710rida, 34420 131595E, 49 Cour Belleview
Remove 3		710 rida 34420
4) Change Add		
Remove 5) Change Add		
Remove 6) Change Add Remove		
E. If amending or add	ing additional Articles, enter change(s) here: vets. (f necessary). (Be specific)	

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	·····		
The date of each amendment(s) adoption	:	\mathcal{N}/\mathcal{A} if other th	ian th
date this document was signed.			
and the second of the second o			
Effective date <u>if applicable</u> :	no more than 90 days after amendment tile o	lotes	
Note: If the date inserted in this block doe document's effective date on the Departme	s not meet the applicable statutory filing requ nt of State's records.	firements, this date will not be listed as t	he
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cas	(for the amendment(s)	

2	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 7eb 29,2020				
	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)				
	Joy macaluse (Typed or printed name of person signing)				
	Registant - TVHOA				

(Title of person signing)