

DATE  
N960000061300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

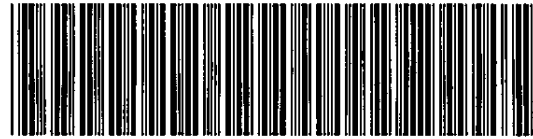
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2014 SEP 15 PM 1:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*9/16/14*

\*00789.00563 04125.00547 05544.00524

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Stonebridge Villas Association, Inc.

DOCUMENT NUMBER: N 9600000 1300

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

Please return all correspondence concerning this matter to the following:

Tri Morocco

(Name of Contact Person)

the Melrose Management Partnership

(Firm/ Company)

3527 Palm Harbor Blvd.

(Address)

Palm Harbor, FL 34683

(City/ State and Zip Code)

tri@melrosepartner.com

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

For further information concerning this matter, please call:

Tri Morocco

(Name of Contact Person)

at ( 813 ) 918-1366

(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 SEP 15 AM 10:59

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

September 2, 2014

Tri Morocco  
The Melrose Management Partnership  
3527 Palm Harbor Blvd.  
Palm Harbor, FL 34683

SUBJECT: STONEBRIDGE VILLAS ASSOCIATION, INC.  
Ref. Number: N96000001300

We have received your document for STONEBRIDGE VILLAS 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):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Page 4 of the amendment form was left blank.

*see attached*

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.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 114A00018642

Articles of Amendment  
to  
Articles of Incorporation  
of

Stonebridge Villas Association, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N96000001300

(Document Number of Corporation (if known))

FILED

2011 SEP 15 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

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

The Melrose Management Partnership  
3527 Palm Harbor Blvd  
Palm Harbor, FL 34683

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

same as ↑

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: Jack B. Hanson  
3527 Palm Harbor Blvd  
(Florida street address)

New Registered Office Address:  
Palm Harbor, Florida 34683  
(City) (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]  
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>

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>PD</u>	<u>Joan Knast</u>	<u>3522 Palm Harbor Blvd.</u> <u>Palm Harbor</u> <u>FL 34683</u>
2) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>VD</u>	<u>Patrick Neylan</u>	<u>same as above</u> ↑
3) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>Meredith Kovarik</u>	_____ _____ _____
4) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>ID</u>	<u>Susan Cannon</u>	<u>3522 Palm Harbor Blvd</u> <u>Palm Harbor</u> <u>FL 34683</u>
5) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>SD</u>	<u>Ray Kozloski</u>	<u>same as above</u> ↑
6) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>P</u>	<u>Zanier Nieves</u>	<u>same as above</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:

9-15-14  
(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

9/11/14

Signature

[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)

JOAN KNAST

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)