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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BAY WEST M	OBILE HOMEOWNERS	SASSOCIATION INC
DOCUMENT NUMI	BER: <u>N9800003100</u>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	÷
,	RITA	HAMMOND	****
		f Contact Person)	**************************************
В	AY WEST MOBILE HOM	EOWNERS ASSOCIATION	. INC.
		n/ Company)	·
	138 SI	HORE PKWY	
	(Address)	,
	TAMPA,	FL 33615-6114	
	(City/ Sta	ate and Zip Code)	
· .		1@msn.com	
	E-mail address: (to be use	ed for future annual report notifica	tion)
for further informatio	n concerning this matter, pleas	se call:	
RITA HAMMOND	•	at (813) -885-1644	4
(Name	of Contact Person)		ne Telephone Number)
Enclosed is a check fo	r the following amount made	payable to the Florida Department	of State:
□\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$2 \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address	Street Address	,
	dment Section on of Corporations	Amendment Section Division of Corporation	ns
P.O. B	lox 6327	Clifton Building	
Tallah	assee, FL 32314	2661 Executive Center	Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BAY WEST MOBILE HOMEOWNERS ASSOCIATIN, INC.

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

N98000003100

(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:

New Registered Agent's Signature, if changing Registered Agent:

position.

BAY WEST CLUB HOMEOWNI	ERS ASSOCIATION, INC.	
The new name must-be distinguishable and contain the abbreviation "Corp." or " Inc." <mark>"Company" or "Co." n</mark>		orporated" or the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
 If amending the registered agent and/or registered new registered agent and/or the new registered off 		ter the name of th
Name of New Registered Agent:		<u></u>
New Registered Office Address:	(Florida street address)	
 		
	(City)	_, Florida (Zip Code)

Page 1 of 3

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
SD	SHERYL SHANNON	211 ERIC CT	Add
, 	0.72,772 0177,777077		
		TAMPA, FL	LEF Remove
		33615	
SD	JACQUELINE DIAZ	124 RODNEY LANE	🗹 Add
00			
		TAMPA, FL	Li -Keillove
•		33615	
			□ Add
			Remove
•		t	C Kelliove
s .			
·			
E. If amendin	g or adding additional Articles.	. enter change(s) here:	
(attach addi	tional sheets, if necessary). (Be	e specific)	
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	••		

The date of each amendment	(s) adoption: <u>JUNE 15</u> , <u>2010</u>	
Éffective date <u>if applicable</u> :	JUNE 25, 2010 (date of adoption is required)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) oval.) .
There are no members or radopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
••		
Dated_JUN	E 25,2010	
Signature	Pita Hammond	
(By	the chairman or vice chairman of the board, president or other officer-if direct not been selected, by an incorporator – if in the hands of a receiver, trusted court appointed fiduciary by that fiduciary)	
	RITA HAMMOND	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	

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