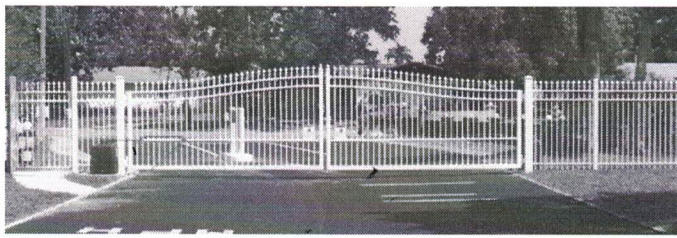




WHERE HOME VALUES ARE
REFLECTED IN THE
CARE OF OUR HOMES
AND COMMON GROUNDS

Love



Office: 3436 Kauna Point Drive
Holiday, FL 34691
Tel: 727-934-3545
Fax: 727-934-3545

WHERE GOOD
FELLOWSHIP ABOUNDS
AND A HELPING HAND
IS ALWAYS NEAR
WELCOME ABOARD!

Peace



ADOPTED ADDITION TO THE DECLARATION

The following is an addition to the Declaration:

Article 3.6 Exhibit "E" RULES AND REGULATIONS

In order to maintain consistency and enforceability of the Rules and Regulations, and thus protect the value of the units, the Board of Directors from this day forward will no longer have the ability or authority to promulgate or change any of the Rules and Regulations without the vote of the membership of Tiki Village Mobile Home Park Condominium Association, Inc.

WE HEREBY CERTIFY THAT THE ABOVE AMENDMENT TO THE RULES AND REGULATIONS OF TIKI VILLAGE MOBILE HOME PARK CONDOMINIUM ASSOCIATION, INC., AN EXHIBIT TO THE BY-LAWS OF CONDOMINIUM OF TIKI VILLAGE MOBILE HOME PARK CONDOMINIUM ASSOCIATION, AS DESCRIBED IN THE OFFICIAL RECORDS BOOK 898 AT PAGE 1821 OF THE OFFICIAL RECORDS OF PASCO COUNTY, FLORIDA, WAS DULY APPROVED IN THE MANNER REQUIRED THEREIN AT THE ANNUAL MEMBER'S MEETING ON MARCH 12, 2024.
(This amendment is updating signatures with president and secretary.)

TIKI VILLAGE MOBILE HOME PARK CONDOMINIUM ASSOCIATION, INC

Janis K Penton
Signature of Witness 1

Janis K. Penton
Printed Name of Witness 1

Carol L Hillert
Signature of Witness 2

CARDI L HILLERT
Printed Name of Witness 2

BY: Michael Brooks
Signature, President

Michael Brooks
Printed Name, President

Karen McCoy
Signature, Secretary

KAREN MCCOY
Printed Name, Secretary

Attest:

State of Florida, Pasco County

The foregoing instrument was acknowledged before me this Month March Day 17 Year 2025
By Michael Brooks and Karen McCoy, to me known as President and Secretary,
respectively, of Tiki Village Mobile Home Park Condominium Association, Inc. a Florida Corporation, on behalf of the
corporation. They are personally known to me and have produced _____ and _____ as identification, and they
acknowledged executing the same as such officers, voluntarily under the authority duly vested in them by said corporation.
If no type of identification is indicated, the above named persons are personally known to me.

Notary Public Sue Ann Horning
signature

My commission expires: day _____ month _____ year _____

Notary Public Sue Ann Horning
Printed name

Notary Seal >



SUE ANN HORNING
Notary Public
State of Florida
Comm# HH382278
Expires 7/21/2027

INSTR# 2025068377 BK 11190 PG 3074
04/09/2025 09:02am Page 1 of 1
Rcpt: 2818534 Rec: 10.00
DS: 0.00 IT: 0.00
Nikki Alvarez-Soules, Esq.
Pasco County Clerk & Comptroller