2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#759695

FILED Nov 02, 2006 Secretary of State

Entity Name: LONE PINE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
ACS INC. 2300 PALM BEACH LAKES BLVD. SUITE 215B WEST PALM BEACH, FL 33409				C/O WARD, DAMON & POSNER, P.A. 4420 BEACON CIRCLE WEST PALM BEACH, FL 333407			
Current Mailing Address:				New Mailing Address:			
ACS INC. 2300 PALM BEACH LAKES BLVD. SUITE 215B WEST PALM BEACH, FL 33409				C/O WARD, DAMON & POSNER, P.A. 4420 BEACON CIRCLE WEST PALM BEACH, FL 33407			
FEI Number:	90-0113615	FEI Number Applied For ()	FEI Nur	mber Not Appl	icable ()	Certificate of Sta	atus Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Registered	l Agent:
ACS INC. 2300 PALM BEACH LAKES BLVD. SUITE 215B WEST PALM BEACH, FL 33409 US				POSNER, MICHAEL J ESQ. 4420 BEACON CIRCLE WEST PALM BEACH, FL 33407 US			
The above in the State		submits this statement for the p	ourpose c	of changing i	ts registered c	office or registere	ed agent, or both,
SIGNATURE: MICHAEL J POSNER						11/02/20	06
	Electron	ic Signature of Registered Ag	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HUGHES, MARY 2538 CANTERB			Title: Name: Address: City-St-Zip:	()) Change ()Additi	on
Title: Name: Address: City-St-Zip:	MILLER, ANN 2561 INISBROO	Delete DK RD. EACH, FL 33407		Title: Name: Address: City-St-Zip:	WALLEN, MAR 300 CANTERB		on
Title: Name: Address: City-St-Zip:	FEAGLEY, ROE 103 TIMBER RU			Title: Name: Address: City-St-Zip:	WILLIAMS, CL 2518 TIMBER I		on
Title: Name: Address: City-St-Zip:	DYESS, FLOYD 2560 INISBROO			Title: Name: Address: City-St-Zip:	DYESS, FLOYI 2560 INISBRO		on
Title: Name: Address: City-St-Zip:	WILLIAMS, CYN 2543 WEST CH			Title: Name: Address: City-St-Zip:	FRANKLIN, STI 2551 INISBRO		on
Title: Name: Address: City-St-Zip:	LOVELACE, SU 2554 CANTERB			Title: Name: Address: City-St-Zip:) Change ()Additi	on

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY E. HUGHES P 11/02/2006