2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# N00000001523

Entity Name: ASHLEY MANOR HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business:

52 E. SOUTH STREET
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN COMMUNITY MGMT INC
215 CELEBRATION PLACE STE 500
CELEBRATION, FL 34747

New Mailing Address:

P.O.BOX 5026
HAINES CITY, FL 33845

FEI Number: 59-3722892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PULLEN, M.
2719 LA VISTA DR
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: M P PULLEN
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: RADWELL, DENISE
Address: 111 BALMORAL COURT
City-St-Zip: DAVENPORT, FL 33896 UK

Title: TD ( ) Delete
Name: KNIGHTS, VALARIE
Address: 213 BALMORAL COURT
City-St-Zip: DAVENPORT, FL 33896 UK

Title: PD ( ) Delete
Name: TREVENA, MIKE
Address: 100 BALMORAL COURT
City-St-Zip: DAVENPORT, FL 33896 UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: TEMPLE, YNNE
Address: 105 BALMORAL COURT
City-St-Zip: DAVENPORT, FL 33896 UK

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: M P PULLEN ASST 01/25/2008
Electronic Signature of Signing Officer or Director — Date