

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000004239

FILED
Feb 17, 2012
Secretary of State

Entity Name: THE CASEMENTS GUILD FOR THE CITY OF ORMOND BEACH, INC.

Current Principal Place of Business:

25 RIVERSIDE DR.
ORMOND BCH, FL 32176

New Principal Place of Business:

Current Mailing Address:

25 RIVERSIDE DR.
ORMOND BCH, FL 32176

New Mailing Address:

FEI Number: 59-3658422 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAYES, RANDAL A ESQ.
173 S. BEACH ST.
ORMOND BCH, FL 32174 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: MAUREEN TOPP

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: LOWRY, PHYLLIS
Address: 1 JOHN ANDERSON DR #215
City-St-Zip: ORMOND BEACH, FL 32176

Title: 1VPD
Name: LORENTZSON, PAT
Address: 17 MISNERS TRL
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD
Name: TOPP, MAUREEN
Address: 2 ROCKY BLUFF DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD
Name: SYLVESTER, DAR
Address: 2790 TOLER AVE
City-St-Zip: DELAND, FL 32724

Title: GS/D
Name: SCHNEIDER, NAN
Address: 104 RAY MAR DR
City-St-Zip: ORMOND BEACH, FL 32176

I hereby 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 all other like empowered.

SIGNATURE: MAUREEN TOPP

Electronic Signature of Signing Officer or Director

TD

02/17/2012

Date