

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000002545

FILED
Mar 10, 2005
Secretary of State

Entity Name: EAGLE'S VIEW COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

RT 9, BOX 804
LAKE CITY, FL 32024

New Principal Place of Business:

386 SE PRICE CREEK LOOP
LAKE CITY, FL 32025

Current Mailing Address:

RT 9, BOX 804
LAKE CITY, FL 32024

New Mailing Address:

386 SE PRICE CREEK LOOP
LAKE CITY, FL 32025

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

ADAMS, JENNEL K
FINLEY LITTLE RD
RT 9, BOX 804
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

ADAMS, JENNEL K
386 SE PRICE CREEK LOOP
LAKE CITY, FL 32025 US

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: JENNEL ADAMS

03/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS, JENNEL R
Address: RT 9, BOX 804
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: LEGUIRE, L R
Address: 1110 S MCFARLANE AVE
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: REED, L DON
Address: 3498 E BAYA AVE
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ADAMS, JENNEL K
Address: 386 SE PRICE CREEK LOOP
City-St-Zip: LAKE CITY, FL 32025

Title: D (X) Change () Addition
Name: LEGUIRE, L R
Address: 724 SW MCFARLANE AVENUE
City-St-Zip: LAKE CITY, FL 32055

Title: D (X) Change () Addition
Name: REED, DON L
Address: 2230 SE BAYA DRIVE
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JENNEL K. ADAMS

PD

03/10/2005

Electronic Signature of Signing Officer or Director

Date