

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 28 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N01000003622 1. Entity Name ARNOLD RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2120 CORPORATE SQUARE BOULEVARD SUITE 3 JACKSONVILLE, FL 32216		Mailing Address 2120 CORPORATE SQUARE BOULEVARD SUITE 3 JACKSONVILLE, FL 32216			
2. Principal Place of Business <i>97087 Chimney Ridge Ct</i> Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 1111</i> Suite, Apt. #, etc.			
City & State <i>Yulee, FL</i>		City & State <i>Yulee, FL</i>		4. FEI Number 59-3744777	
Zip 32097		Zip 32041-1111		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEMANIK, JOHN A 2120 CORPORATE SQUARE BOULEVARD SUITE 3 JACKSONVILLE, FL 32216				7. Name and Address of New Registered Agent Name <i>Alan Wilson</i> Street Address (P.O. Box Number is Not Acceptable) <i>97087 Chimney Ridge Ct</i> City <i>Yulee</i> FL Zip Code <i>32097</i>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Alan Wilson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>12-2-06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD <input checked="" type="checkbox"/> Delete NAME SEMANIK, JOHN A STREET ADDRESS 2120 CORPORATE SQUARE BOULEVARD #3 CITY-ST-ZIP JACKSONVILLE, FL 32216	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Alan Wilson</i> STREET ADDRESS <i>97087 Chimney Ridge Ct</i> CITY-ST-ZIP <i>Yulee, FL 32097</i>		TITLE VD <input type="checkbox"/> Delete NAME LESNIAK, JENNIE STREET ADDRESS 2120 CORPORATE SQUARE BLVD SUITE 3 CITY-ST-ZIP JACKSONVILLE, FL 32216	TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Richard Munns</i> STREET ADDRESS <i>97084 Castle Ridge Dr</i> CITY-ST-ZIP <i>Yulee, FL 32097</i>	
TITLE TD <input type="checkbox"/> Delete NAME CARPENTER, KATHERINE S STREET ADDRESS 2120 CORPORATE SQUARE BOULEVARD #3 CITY-ST-ZIP JACKSONVILLE, FL 32216	TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Tom McShane</i> STREET ADDRESS <i>97201 Castle Ridge Dr</i> CITY-ST-ZIP <i>Yulee, FL 32097</i>		TITLE S <input type="checkbox"/> Delete NAME LAMBERT, JILL STREET ADDRESS 2120 CORPORATE SQUARE BOULEVARD #3 CITY-ST-ZIP JACKSONVILLE, FL 32216	TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Dorothy Munns</i> STREET ADDRESS <i>97084 Castle Ridge Dr</i> CITY-ST-ZIP <i>Yulee, FL 32097</i>	
TITLE <i>BR/29/09</i> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		700082443307 12/11/06--01059--006 **\$1.25		
TITLE <i>REINSTATEMENT</i> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		12-2-06 904.225.5393		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Alan Wilson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>12-2-06</i> DAYTIME PHONE # <i>904.225.5393</i> <small>Date Daytime Phone #</small>	