

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000003878 1. Entity Name SPRING LAKE POINTE COMMUNITY ASSOCIATION, INC.				FILED FEB -4 PM 4:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA 04-05	
Principal Place of Business 2404 N. RIO GRAND AVE. ORLANDO, FL 32804		Mailing Address 2404 N. RIO GRAND AVE. ORLANDO, FL 32804			
2. Principal Place of Business 901 N. Lake Destiny Dr. Suite, Apt. #, etc. Suite 110 City & State Maitland, FL		3. Mailing Address 901 N. Lake Destiny Dr. Suite, Apt. #, etc. Suite 110 City & State Maitland, FL		01202005 REIN-NP CR2E099 (6/04)	
Zip 32751		Country USA		4. FEI Number 59-3758773	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, PA 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Robin L. Webb Street Address (P.O. Box Number is Not Acceptable) 901 N. Lake Destiny Dr., Suite 110 City Maitland FL Zip Code 32751		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE 1/24/2005	
FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP BEURET, WILLIAM R 430 S. WYMORE RD. ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Gonzalez, Horacio 233 Maison Court Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BARBAREE, JOSH 2404 N. RIO GRANDE AVE. ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Carelli, Mark 230 Maison Court Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILLS, RUSSELL L 2404 N. RIO GRANDE AVE. ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Rosenberg, Jon 1460 Mayfield Avenue Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Ulibarri, Jorge 947 Paddington Terrace Heathrow, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hires, William 232 Maison Court Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	000046363950 02/10/05--01012--012 **122.50
12. I hereby certify that the information supplied with this filing does not qualify 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 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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 01/25/05	
Daytime Phone #		Daytime Phone #		Daytime Phone #	