## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## FII FD DOCUMENT # N02000001118 06 APR 20 PM 3: 52 CLUBHOUSE HERITAGE PROPERTY OWNERS' SECRETARY OF STATE TALLAHASSEE, FLORIDA ASSOCIATION, INC. Principal Place of Business Mailing Address REINSTATEMENT 0506 5282 BNOUSHOFIVE 200 LAKEMORIONER LAKELAND, FL 33813 LAKELAND, FL 33801 3. Mailing Address 2. Principal Place of Business P.o. Box 27 P.O . BOX 27 04172006 REIN-NP Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E099 (11/05) FEI Number 01-0605770 City & State City & State Applied For Country HIGHLAND CITY HIGHLAND Not Applicable FIA FIA \$8.75 Additional Zip Country 5. Certificate of Status Desired 33846 USA Fee Required 33846 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .v teh MARTIN, E. SNOW JR. Street Address (P.O. Box Number is Not Acceptable) 200 LAKE MORTON DR. LAKELAND, FL 33801 5225 MIRIAM DRIVE LAKELAND 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. 4-18-06 t and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$122.50 Florida Department of State corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PD ☐ Delete TITLE ☐ Change ☐ Addition TITLE HALL, KENT NAME NAME STREET ADDRESS 5285 ENGLISH DRIVE STREET ADDRESS LAKELAND, FL 33813 CITY-ST-ZIP CITY-ST-ZIP TITLE VD Delete TITLE NO CONSER HAVE Change ☐ Addition LEEMAN, BARBARA NAME NAME DOSHION "VD" STREET ADDRESS 5318 ENGLISH DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CDY+ST-7IP Addition SD Change TITI F ☐ Delete TITLE GRAVITT, MISSY NAME NAME 600074056286 5302 ENGLISH DRIVE STREET ADDRESS STREET ADDRESS 05/05/06--01019--027 \*\*122.50 LAKELAND, FL 33813 CITY-ST-ZIP CITY+ST-ZIP TITLE Change : ☐ Addition ☐ Delete TITLE William Lytch 5225 Milliam NAME SEVERSON, TRISHA NAME 5280 MARIAM DRIVE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF LAKELAND, FL 33813 CITY-ST-ZIP LAKEIAND FIA. 33818 TITLE ☐ Delete TITL F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 ag address, with all other like empowered.

SIGNATURE: ZALLE William SNATURE AND PED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR