

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000008486

FILED
Oct 31, 2006
Secretary of State

Entity Name: THOMPSON CENTER WATERS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6302 BENJAMIN ROAD SUITE 400
TAMPA, FL 33634

New Principal Place of Business:

5313 JOHNS ROAD
SUITE 201
TAMPA, FL 33634

Current Mailing Address:

6302 BENJAMIN ROAD SUITE 400
TAMPA, FL 33634

New Mailing Address:

5313 JOHNS ROAD
SUITE 201
TAMPA, FL 33634

FEI Number: 20-1590908 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

CALLAHAN, DEE
6302 BENJAMIN ROAD SUITE 400
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

CALLAHAN, DEE
5313 JOHNS ROAD
SUITE 201
TAMPA, FL 33634 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: DEE CALLAHAN

10/31/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, RONALD M
Address: 6302 BENJAMIN ROAD SUITE 400
City-St-Zip: TAMPA, FL 33634

Title: VD () Delete
Name: ARON, EVA
Address: 6302 BENJAMIN ROAD SUITE 400
City-St-Zip: TAMPA, FL 33634

Title: STD () Delete
Name: CALLAHAN, DEE
Address: 6302 BENJAMIN ROAD SUITE 400
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, RONALD M
Address: 5313 JOHNS ROAD #201
City-St-Zip: TAMPA, FL 33634

Title: VD (X) Change () Addition
Name: ARON, EVA
Address: 5313 JOHNS ROAD #201
City-St-Zip: TAMPA, FL 33634

Title: STD (X) Change () Addition
Name: CALLAHAN, DEE
Address: 5313 JOHNS ROAD #201
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DEE CALLAHAN

STD

10/31/2006

Electronic Signature of Signing Officer or Director

Date