2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # N05000012057 07 SEP -4 AM 6: 10 COASTAL OAKS HOMEOWNERS ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9301 OLD KINGS ROAD SOUTH 9301 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business - No P.O. Box # 3. Mailing Address c/o Toll Brothers, Inc. Suite, Apt. #, etc. 250 Gibraltar Road Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 20-3967970 Not Applicable Horsham , Pennsylvania Country Montgomery Country \$8.75 Additional Zip 19044 5. Certificate of Status Desired 奴 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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. 1 am familiar with, and accept the obligations of registered agent. CONFIE LEVANION -SPECIAL ASSISTANT FERSETARY 91412007 Signature, typed or printed name of registered agent and title if applications (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$297.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD President/Director X) Detete TITLE Change TITLE Merten, Steve 9301 Old Kings Road South PARKER, RAYMOND NAME NAME 9301 OLD KINGS ROAD SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP Jacksonville, FL 32257 Vice President/Director TITLE VPD X Delete TITLE ☐ Change Addition Jones, Malcolm MCDANIEL, JOSH NAME NAME 9301 Old Kings Road South STREET ADDRESS 9301 OLD KINGS ROAD SOUTH STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP Jacksonville, FL 32257 CITY-ST-7IP TITLE STD Defete BILE ☐ Change Addition NAME COURTNEY, OISIN NAME :0010969837 9301 OLD KINGS ROAD SOUTH STREET ADDRESS STREET ADDRESS 20/07--01020--022 297.50CITY - ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP TITE F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete ☐ Channe □ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 7/20/07 904-285-6690 Oisin Courtney SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

FILED