

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000010126 1. Entity Name VIA LAGO AT HANGING MOSS CONDOMINIUM ASSOCIATION, INC.	
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FILED
 08 DEC 22 PM 5: 12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 300 COLONIAL CENTER PARKWAY SUITE 200 LAKE MARY, FL	Mailing Address 300 COLONIAL CENTER PARKWAY SUITE 200 LAKE MARY, FL
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



4. FEI Number <input type="checkbox"/> 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 COLDWELL BANKER COMMERCIAL NRT 901 N. LKE DESTINY DR. MAITLAND, FL 32751	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	

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: *[Handwritten Signature]* DATE: *12/16/2008*

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, KATHERINE H 300 COLONIAL CENTER PARKWAY STE 200 LAKE MARY, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			LEE R. THOMPSON 4343 ANCHOR PLAZA PKWY, Ste 200 TAMPA, FL 33634
			<input type="checkbox"/> Change <input type="checkbox"/> Addition 700139209817 12/22/08--01061--002 **\$61.25
			TITLE NAME STREET ADDRESS CITY-ST-ZIP
			JUSTIN CAMPBELL 300 Colonial Ctr. Pkwy, Ste 200 Lake Mary, FL 32746
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Handwritten Signature]* Date: *12-9-08* Daytime Phone #: *(813) 290-7900*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR