
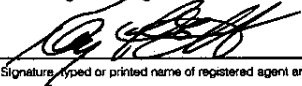
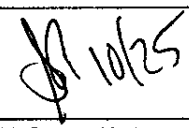



# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N11423</b> 1. Entity Name <b>CARPENTERS CREST OWNERS ASSOCIATION, INC.</b>						<b>FILED</b>  <b>04 OCT 21 AM 10:44</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA  % D - - 0 . / 6 6 6 6 6 6 D &	
Principal Place of Business <b>222 CARPENTERS WAY LAKELAND, FL 33805</b>		Mailing Address <b>222 CARPENTERS WAY LAKELAND, FL 33805</b>					
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 5284</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State <b>Lakeland FL</b>		4. FEI Number <b>59-2734946</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip <b>33807</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PUTNAM, ABEL A 500 S FLORIDA AVENUE #300 LAKELAND, FL 33801				Name <b>Kay F Elliott</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>5018 Greenbrook Ln</b>			
				City <b>Lakeland</b>			
				FL		Zip Code <b>33811</b>	
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 				DATE <b>10/18/04</b>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, 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 <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD GROTHE, ERNEST D 222 CARPENTERS WAY LAKELAND, FL 33805 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>SD</b> mike mohler 222 Carpenters way Lakeland FL 33805 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DVP GROTHE, PEGGY 222 CARPENTERS WAY LAKELAND, FL 33805 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>TD</b> Corey Plante 1044 Lake Deeson Pt Lakeland FL 33805-9209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TSD FITTERMAN, BARRY 222 CARPENTERS WAY LAKELAND, FL 33805 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP		600042073656 10/21/04--01054--013 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				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 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: 				Date <b>10-19-04</b>		Daytime Phone # <b>8636471739</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							