

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
May 18, 2005 8:00 am
Secretary of State

DOCUMENT # N18166 1. Entity Name SOUTHFIELD SUBDIVISION MAINTENANCE AND PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 5766 BRONX AVE. STE A SARASOTA, FL 34231 US			Mailing Address 5766 BRONX AVE. STE A SARASOTA, FL 34231 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0035924	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARGUS PROPERTY MANAGEMENT 2477 STICKNEY POINT RD #118A SARASOTA, FL 34231				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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: <i>Deborah M. Bifford</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$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	D ASHBY, SCOTT 4607 MEADOWVIEW CIRCLE SARASOTA, FL 34233	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER NEIL 4696 SPRING MEADOW LN SARASOTA, FL 34233	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANGIE, JAMES 4699 SPRING MEADOW LANE SARASOTA, FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALTWIES DAVID 4759 SPRING MEADOW LN SARASOTA, FL 34233	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNEGO, JOHN 4758 SPRINGMEADOW LANE SARASOTA, FL 34233	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD LINSLEY EDWARD 4737 MEADOWVIEW CR SARASOTA, FL 34233	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDWARD, LINSLEY 4737 MEADOWVIEW CIRCLE SARASOTA, FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGIE JAMES 4699 SPRING MEADOW LN SARASOTA, FL 34233	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS EVA 4671 MEADOWVIEW CR SARASOTA, FL 34233	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 3-24-05 927-6464 Daytime Phone #					