

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N31566

1. Entity Name
PASADENA HILLS OWNERS ASSOCIATION, INC.



Principal Place of Business
C/O CATHERINE D. MAYFIELD
4233 CAPITAL CIR. N.W.
TALLAHASSEE, FL 32303

Mailing Address
C/O CATHERINE D. MAYFIELD
4233 CAPITAL CIR. N.W.
TALLAHASSEE, FL 32303

2. Principal Place of Business
C/O Selena Holman
Suite, Apt. #, etc.
6714 Pasadena Dr.
City & State
Tallahassee, FL

3. Mailing Address
C/O Selena Holman
Suite, Apt. #, etc.
6714 Pasadena Dr.
City & State
Tallahassee, FL

Zip
32317

Country
USA

Zip
32317

Country
USA

FILED
05 DEC -7 AM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12022005 REIN-NP

CR2E099 (6/04)

4. FEI Number
59-6201905

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYFIELD, CATHERINE D
4223 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name
Selena Holman
Street Address (P.O. Box Number is Not Acceptable)
6714 Pasadena Dr.
City
Tallahassee FL Zip Code
32317

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 Selena C. Holman
Signature, typed or printed name of registered agent and title if applicable.

Selena C. Holman
(NOTE: Registered Agent signature required when reinstating)

Dec 4, 05
DATE

FILE NOW!!! FEE IS \$81.25
After January 1, 2006, 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

TITLE D ☒ Delete
NAME MAYFIELD, CATHERINE D.
STREET ADDRESS 4223 CAPITAL CIRCLE NW.
CITY-ST-ZIP TALLAHASSEE, FL

TITLE D ☒ Delete
NAME GUERINO, JAMES R.
STREET ADDRESS 5893 BRIGHT COURT
CITY-ST-ZIP TALLAHASSEE, FL

TITLE D ☒ Delete
NAME MAYFIELD, EMORY
STREET ADDRESS 4223 CAPITAL CIRC N.W.
CITY-ST-ZIP TALLAHASSEE, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition
NAME Selena Holman
STREET ADDRESS 6714 Pasadena Dr
CITY-ST-ZIP Tallahassee, FL 32317

TITLE V ☐ Change ☒ Addition
NAME Paul Stys
STREET ADDRESS 6734 Pasadena
CITY-ST-ZIP Tallahassee, FL 32317

TITLE T ☐ Change ☒ Addition
NAME Marilyn Stallworth
STREET ADDRESS 1117 Lompac Ct
CITY-ST-ZIP Tallahassee, FL 32317

TITLE S ☐ Change ☒ Addition
NAME Sandra Green
STREET ADDRESS 1112 Eureka Ct
CITY-ST-ZIP Tallahassee FL 32317

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Selena C. Holman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Dec 2005 6495181
Date Daytime Phone #