
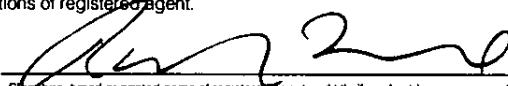



# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N99000005965</b>			
1. Entity Name <b>RUSH PARK WEST OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>451 WEST PARK DRIVE MARY ESTHER, FL 32569</b>		Mailing Address <del>PO BOX 925</del> <b>MARY ESTHER, FL 32569</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO BOX 35</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>MARY ESTHER, FL</b>	
Zip	Country	Zip <b>32569</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>NEWMAN, RAYMOND F JR LAW FIRM OF BECKER &amp; POLIAKOOF, P.A 348 MIRACLE STRIP PKWY, STE 7 FORT WALTON BCH, FL 32548-5253</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <b>RAYMOND F. NEWMAN, JR.</b> <b>12-9-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50</b>		<b>Make check payable to 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	D COPUS, STEVEN 460 WEST PARK DR MARY ESTHER, FL 32569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARNE, BRENDA 461 WEST PARK DRIVE MARY ESTHER, FL 32569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JORDAN, JEAN 451 W. PARK DR. MARY ESTHER, FL 32569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHULIST, DONNA 458 WEST PARK DRIVE MARY ESTHER, FL 32569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUTLER, KAREN 519 RUSH PARK CIRCLE MARY ESTHER, FL 32569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCFARLAND, TERRI 464 RUSH PARK CIRCLE MARY ESTHER, FL 32569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWMAN, ERIC 502 RUSH PARK CIR MARY ESTHER, FL 32569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARESH, LINDA 462 WEST PARK DRIVE MARY ESTHER, FL 32569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, GEORGE 500 RUSH PARK CIR MARY ESTHER, FL 32569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600138229986</b> <b>11/24/08--01030--012 **236.25</b>  <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:  **TERRI MCFARLAND, TD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**20 NOV 2008** **850-218-9448**  
Date Daytime Phone #

**FILED**

2009 JAN 13 A 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11192008 REIN-NP CR2E099 (1/07)