Pl.E	EASE BEAD	ALL INST	RUCTIONS	S BFFORF (COMPLET	ING THIS FORM	1 .	
, FOR		ALL INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State			FILED 98 MAR 10 AM II: 44			
DOCUMENT # N9600000171 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Lake Grove Pr	operty Owner	rs' Asso	ciat i on, Ir	ıc.	9	0000245 -03/11/98- ****316.2		8 -001 806.25
Principal Place of Business Mailing Add			[**************************************	3 mmmm.	,00.23
			7 SE Dixie Hwy. art, FL 34994					nd -
If above addresses are incorre					REINS	TATEMEN	197-6	18
1172 SW 30th St. 1172			alling Office Address, If Applicable SW 30th St.		4. Date Incorporated or Qualified To Do Business in Florida January 8, 1996			
Suite, Apt. #, etc. Suite, A			etc.		5. FEI Number Applied For			
City & State City . FL 34990 Palm			Lty, FL 349	۱۵۸	65-0461431 Not Applicable			
Zip Country Zip		Zip 34990	Country		6. CERTIFICATE OF STATUS DESIRED \$\frac{1}{2}\$\$\$ \$8.75 Additional Fee required to a Certificate of Status			
7. Names and Street Addresse				ations must list at lea	ast 3 directors)			771
Title(s) Name of Officers and/or Directors 2			Of	reet Address of Each ficer and/or Director se Post Office Box N		City / §	State / Zip	
P/D Brian Higley			4953 SW Lake Gorve Circle			Palm City, FI	34990	3111
VP/D Raleigh P. Nelson			One Hill Farm Court			St. Paul, MN	55127	
S/D Jenell Atlas			4911 SW Lake Grove Circle			Palm City, FI	34990	
T/D Traci Verzi			4899 SW Lake Grove Circle			Palm City, FI	. 34990	
8. Name and a	Address of Current R	egistered Agei	<u> </u>	Name	9. Name and A	ddress of New Registered	Agent	_©
John E. Prewitt			R. Sawye	Sawyer 5 Iumber is Not Acceptable) 9				
340 SW Ocean Bly	2081 E. Ocean Blvd. Suite, Apt. #, Etc.				CRZE040 (1/38			
Stuart, FL 3499	2nd Floor							
				Stuart		State FL		<u></u>
10. I, being appointed the regist Signature of Registered Agent	ered agent of the abov	e named corpor	ation, am familiar wi)	ith and accept the ob	ligations of Section	on 607.0505, F.S.	981	
Registered Agent _	HEC THE	ISTERED AGE	NT MUST SIGN			Date 🔏 🔭	10	
11. This corporatio Intangible Pers	n owes or ha onal Property	s paid the tax due	current yea June 30.	Yes 🗖	No 🔯 I	(See other si Exempt on inta	de for information	on
12. I certify that I am an officer or this reinstatement application owed by the corporation have on this application is true and	i, the reason for dissolu been paid and the na	ition has been e mes of individu	eliminated, the corpo als listed on this forr	rate name satisfies t in do not qualify for a	he requirements on an exemption und	of section 607.0401 or 617.0	401. F.S. that	ali fees
	X	_			5/	17/08		
SIGNATURE: SIGNATUR	E AND TIPED OR PRIN	TED NAME OF SI	GNING OFFICER OR D	DIRECTOR	ما	Date 561-	221-1060 aylime Phone #	<u>) </u>
Brian	Higley, Pro	esident						ļ

approximately and a second