

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 12 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N03000004952		
1. Entity Name OAKMONT ESTATES HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 7100 W. CAMINO REAL SUITE 117 BOCA RATON, FL 33433	Mailing Address 7100 W. CAMINO REAL SUITE 117 BOCA RATON, FL 33433
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2. Principal Place of Business	3. Mailing Address
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G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463	G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463
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09222006 REIN-NP CR2E099 (11/05)

Zip	Country	Zip	Country
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4. FEI Number 06-1712574	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VALYO, PAUL 7100 W. CAMINO REAL SUITE 117 BOCA RATON, FL 33433	
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7. Name and Address of New Registered Agent Name <u>Joe Gilbert, LCAM</u> Street Address (P.O. Box Number is Not Acceptable) <u>G.R.S. MANAGEMENT ASSOCIATES, INC.</u> <u>3900 WOODLAKE BLVD. SUITE 309</u> City <u>LAKE WORTH, FL 33463</u> <u>FL</u> Zip Code	
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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 <u>[Signature]</u> <u>LCAM</u>	DATE <u>10/5/06</u>

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST REYNOLDS, MICHAEL 8198 JOG ROAD #200 BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE DST NAME STREET ADDRESS CITY-ST-ZIP	DST Michael Reynolds 3301 Quantum Blvd Boynton Beach, FL 33424 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRNBAUM, LEWIS 8198 JOG ROAD #200 BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE DP NAME STREET ADDRESS CITY-ST-ZIP	DP Lewis Birnbaum 3301 Quantum Blvd Boynton Beach, FL 33424 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MATTHEW, HORAN 8198 JOG ROAD #200 BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Sieren Hildebrandt 3301 Quantum Blvd Boynton Beach, FL 33424 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 aliother like empowered.	
SIGNATURE: <u>[Signature]</u> <u>VP</u>	DATE <u>10/3/06</u> DAYTIME PHONE # <u>561-536-1136</u>

10/11/06