

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Sep 30, 2009  
Secretary of State**

DOCUMENT# N05000012694

**Entity Name:** FOUNDERS CROSSING PORT ST. LUCIE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 CLINT MOORE RD STE 110  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

1000 CLINT MOORE RD STE 110  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BORG, DEAN J  
1000 CLINT MOORE RD STE 110  
BOCA RATON, FL 33487    US

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.

SIGNATURE: DEAN BORG

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP                      ( ) Delete  
Name: BORG, DEAN J  
Address: 1000 CLINT MOORE RD STE 110  
City-St-Zip: BOCA RATON, FL 33487

Title:    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV                      ( ) Delete  
Name: WHITE, ROBERT  
Address: 1000 CLINT MOORE RD STE 110  
City-St-Zip: BOCA RATON, FL 33487

Title:    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST                      ( ) Delete  
Name: MATTHEWS-GRAY, JUDY  
Address: 1000 CLINT MOORE RD STE 110  
City-St-Zip: BOCA RATON, FL 33487

Title:    ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN BORG

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DP

09/30/2009

\_\_\_\_\_  
Date