

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 726811 1. Entity Name ACADEMY HILL HOMEOWNERS ASSOCIATION, INC.				FILED 07 DEC 10 AM 9:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 7800 NW 70TH CT. TAMARAC, FL 33321		Mailing Address P.O. BOX 25551 TAMARAC, FL 33320 US			
2. Principal Place of Business - No P.O. Box # 7800 NW 70th Ct.		3. Mailing Address P.O. Box 25551			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tamarac, FL		City & State Tamarac FL		4. FEI Number 59-1410776	
Zip 33330		Country Broward		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFITHS, SUSAN 7106 NW 78TH AVE TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name Susan Griffiths Street Address (P.O. Box Number is Not Acceptable) 7106 NW 78th Ave. City Tamarac, FL Zip Code 33321			
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 <small>Signature, typed or printed name of registered agent and title if applicable. (Not for Registered Agent signature required when reinstating)</small>		DATE 12/7/07			
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOURVETAKIS, LISA 4901 SW 90TH AVE COOPER CITY, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFITHS, SUSAN 7106 NW 78TH AVENUE TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEDDISH, JANET 7109 NW 78TH AVE TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINEMILLER, EMMA 7005 NW 78TH TERR TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			200112984762 12/10/07--01024--006 **245.00		
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 12/7/07 Daytime Phone # (954) 536-3707		

cell
12/19