


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 729180</b> 1. Entity Name SPRING LAKE VILLAGE CIVIC ASSOCIATION, INC.	
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FILED  
07 AUG 27 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business C/O JOANN R. HARPER P.O. BOX 1963 KEYSTONE HEIGHTS, FL 32656-9801	Mailing Address C/O JOANN R. HARPER P.O. BOX 1963 KEYSTONE HEIGHTS, FL 32656-9801
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2. Principal Place of Business - No P.O. Box # <i>6780 Spring Lake Village Road</i>	3. Mailing Address Suite, Apt. #, etc.
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City & State <i>Keystone Heights, FL</i>	City & State	4. FEI Number 59-3132371	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32656</i>	Country <i>USA</i>	Zip	Country

6. Name and Address of Current Registered Agent  HARPER, JOANN R. 6780 SPRING LAKE VILLAGE ROAD KEYSTONE HTS., FL 32656	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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: *Joann R. Harper*      *Joann R. Harper TSD*      8-23-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DWYER, CARRIE 6780 SPRING LAKE VILLAGE RD. KEYSTONE HEIGHTS, FL 32656	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dwyer, Carrie 6780 Spring Lake Village Road Keystone Heights, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HARPER, JOANN R. 6780 SPRING LAKE VILLAGE KEYSTONE HEIGHTS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$78/29
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ISBELL, RONALD J 6785 SPRING LAKE VILLAGE ROAD KEYSTONE HEIGHTS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800109203479 09/07/07--01032--003 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISBELL, STEPHANIE 6764 SPRING LAKE VILLAGE RD. KEYSTONE HEIGHTS, FL 32656	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    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: *Joann R. Harper*      *Joann R. Harper TSD*      8-23-07      352-745-8666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #