

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 MAY 18 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # 741837</b> 1. Entity Name ORANGEDALE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 6550 ST. RD. 13 NORTH ST AUGUSTINE, FL 32092			Mailing Address 6550 ST. RD. 13 NORTH ST AUGUSTINE, FL 32092		
2. Principal Place of Business - No P.O. Box # 2046 RIVER OAKS DR. Suite, Apt. #, etc. JACKSONVILLE, FL City & State		3. Mailing Address 2046 RIVER OAKS DR. Suite, Apt. #, etc. JACKSONVILLE, FL City & State		05152007 REIN-NP      CR2E099 (1/07)	
Zip 32259      Country USA		Zip 32259      Country USA		4. FEI Number 59-2848542      Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent EARLE, KENNETH L. 6550 ST RD 13 NORTH M217 ST AUTUSTINE, FL 32092	
7. Name and Address of New Registered Agent Name JAN MORSCH Street Address (P.O. Box Number is Not Acceptable) 2046 RIVER OAKS DR. City JACKSONVILLE FL      Zip Code 32259				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 <i>Jan Morsch</i> <small>Signature, type or printed name of registered agent and title if applicable.</small>		JAN MORSCH		5/16/2007 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$297.50</b>			Make check payable to Florida Department of State		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE VD NAME MORRIS, NICHOLAS STREET ADDRESS 5661 CROSSWIND S CIRCLE CITY-ST-ZIP SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 05718707-01029-001 CITY-ST-ZIP **297.50	300102942005	
TITLE VD NAME DINSMORE, JOHN STREET ADDRESS 5105 ST. RD 13 N RD CITY-ST-ZIP ST AUGUSTINE, FL 32092	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME MORSCH, JAN STREET ADDRESS 2046 RIVER OAKS DR. CITY-ST-ZIP JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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 all other like empowered.					
SIGNATURE: <i>Jan Morsch</i>		JAN MORSCH		5/16/2007      (904) 529-9324	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

REINSTATEMENT 06-07

35/25/07