

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 744230

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** RETIRED EDUCATORS HOUSING OF ORANGE COUNTY, INC.

**Current Principal Place of Business:**

7010 BALBOA DRIVE  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

**Current Mailing Address:**

516 LAKEVIEW RD  
UNIT 8  
CLEARWATER, FL 33756

**New Mailing Address:**

2480 DELORAINE TRAIL  
MAITLAND, FL 32751

**FEI Number:** 58-2144522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALLACE, JOSEPH P  
2946 SOUTHGATE TERR  
ORLANDO, FL 32818 US

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

SHARP, DUDLEY Q  
369 N. NEW YORK AVENUE, 3RD FLOOR  
WINTER PARK, FL 32789 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: DUDLEY Q. SHARP

01/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: GREENE, JULIA  
Address: PO BOX 55  
City-St-Zip: KILLARNEY, FL 347400055

Title: PD  
Name: FORD, ROBERT H  
Address: 2480 DELORAINE TRAIL  
City-St-Zip: MAITLAND, FL 32751

Title: SD  
Name: FOREMAN, PATRICIA  
Address: P.O. BOX 608165  
City-St-Zip: ORLANDO, FL 32860

Title: DV  
Name: WILSON, JAMES  
Address: 809 WOODEN BLVD.  
City-St-Zip: ORLANDO, FL 32805

I hereby 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 all other like empowered.

SIGNATURE: ROBERT H. FORD

PD

01/10/2011

Electronic Signature of Signing Officer or Director

Date