

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 747579

FILED
Mar 04, 2009
Secretary of State

Entity Name: ESCONDIDO COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

20 ESCONDIDO CIRCLE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

20 ESCONDIDO CIRCLE
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-2018066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCGRATH, PETER R ESQUIRE
801 NORTH MAGNOLIA AVE.
SUITE 317
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: PETER R. MCGRATH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZRIED, FRED
Address: 17 ESCONDIDO CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD () Delete
Name: ROROWSKI, CATHY
Address: 8 ESCONDIDO CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: TITEN, JACK
Address: 7 ESCONDIDO CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KOTOWSKI, CATHERINE
Address: 20 ESCONDIDO CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SEC (X) Change () Addition
Name: NASH, MARTIN
Address: 20 ESCONDIDO CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Change () Addition
Name: TITEN, JACK
Address: 20 ESCONDIDO CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: CATHERINE KOTOWSKI

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date