

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 756667

FILED
Oct 19, 2009
Secretary of State

Entity Name: VILLAGE COVE TOWNHOUSES, INC.

Current Principal Place of Business:

C/O MARTIN HALES
13810 MILL COVE CIRCLE
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

C/O MARTIN HALES
13810 MILL COVE CIRCLE
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-2471447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HALES, MARTIN L
13810 MILL COVE CIRCLE
TAMPA, FL 33618 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: MARTIN L HALES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HALES, MARTIN
Address: 13810 MILL COVE CIR
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: DANILE, JUDE
Address: 4205 MILL VALLEY CT
City-St-Zip: TAMPA, FL 33618

Title: DVP () Delete
Name: CLARK, JACQUELYN
Address: 4201 MILL VALLEY CT
City-St-Zip: TAMPA, FL 33618

Title: DS () Delete
Name: SMITH, SUSAN
Address: 13804 MILL COVE CIR
City-St-Zip: TAMPA, FL 33618

Title: DT () Delete
Name: WILLIAMS, BARBARA
Address: 13806 MILL COVE CIRCLE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARTIN L HALES

DP

10/19/2009

Electronic Signature of Signing Officer or Director

Date