2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

FILED DOCUMENT # 764904 05 JAN -3 AHII: 05 1. Entity Name LYTLE TOWNHOMES ASSOCIATION, INC. SLORE ARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 407 LYTLE AVENUE, APT. F 407 LYTLE AVENUE, APT. F NEW SMYRNA BEACH, FL 32170 NEW SMYRNA BEACH, FL 32170 2. Principal Place of Busines Mailing Address E STATEMENT - (6/04) N 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UNDERWOOD: ROBIN **407 LYTLE AVENUE** APARTMENT # NEW SMYRNA BEACH, FL 32168 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to After January 1, 2005, Fee will be \$122.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. P/D SD TITLE Delete TITLE ☐ Change **Addition** Edward Hupert GREEN, SHIRLEY NAME 407 Utle Avenue Apt F NAME STREET ADDRESS **46 FARIGREEN** STREET ADDRESS CITY-ST-ZIP New Smurna. Beach, Fla. 32168 CITY-ST-ZIP NEW SMYRNA BEACH, FL ☐ Delete TITLE TITLE X Addition Ramona Stevens 407 wtle Avenue Apt-F HUPERT, EDWARD NAME NAME 407 LYTLE AVENUE, UNIT F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL CITY-ST-ZIP lew Smurna Beach, Fla 32168 TITLE 🔀 Delete TITLE Addition Jennifer Fike 407 Luttle Avenue Apt A MAME UNDERWOOD, ROBIN NAME 407 LYTLE AVE., APT. H STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP New Smyrna Beach, Fla 32168 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition D Richard Wannermeyer 10804 DURANGO COURT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Riverview Fla ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 300043693253 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.