2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#770974

FILED Oct 16, 2009 Secretary of State

Entity Name: PERSHING OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2520 PERSHING OAKS PL ORLANDO, FL 32806

Current Mailing Address: New Mailing Address:

2520 PERSHING OAKS PL ORLANDO, FL 32806 US

FEI Number: 59-2338912 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:

FARRELL, LORI 2520 PERSHING OAKS PL ORLANDO, FL 32806 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: LORI FERRELL

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name:BAUER, MICHAELName:BAUER, MICHAELAddress:2409 PERSHING OAKS PLACEAddress:2500 W. COLONIAL DRIVE

Address: 2409 PERSHING OAKS PLACE Address: 2500 W. COLONIAL DRIVE City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32802

Title: TRSR () Delete Title: () Change () Addition

 Name:
 FARRELL, LORI
 Name:

 Address:
 2520 PERSHING OAKS PL
 Address:

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:

Title: SEC () Delete Title: () Change () Addition

Name:PRENDERGRAST, FRANKName:Address:2503 PERSHING OAKS PLACEAddress:City-St-Zip:ORLANDO, FL 32806City-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: MICHAEL BAUER PRES 10/16/2009