

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

10 of 2

FILED

07 APR -9 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03052007 REIN NP CR2E099 (1/07)
REINSTATEMENT

4. FEI Number 59-3657973 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # N00000000126

1. Entity Name
STEWART MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
19516 COACHLIGHT WAY
LUTZ, FL 33549

Mailing Address
19516 COACHLIGHT WAY
LUTZ, FL 33549

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
19505 Coachlight Way
Suite, Apt. #, etc.

City & State
Lutz FL

Zip Country
33549 USA

6. Name and Address of Current Registered Agent
CLAUSSEN, FREDERICK L
19516 COACHLIGHT WAY
LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City State Zip Code
FL

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.

SIGNATURE *Frederick L Claussen* (NOTE: Registered Agent signature required when reinstating) DATE 4/5/07

FILE NOW!!! FEE IS \$297.50 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD BENNIEFIELD, JOHNNIE 401 STRATHAVEN COURT LUTZ, FL 33549 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD CUSMANO, SELENA 19511 COACHLIGHT WAY LUTZ, FL 33549 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD BAIER, ANNE 19512 COACHLIGHT WYA LUTZ, FL 33549 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>See ATT</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>See ATT</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>See ATT</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900097217309 04/17/07--01038--003 **306.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Renee Lo Cicero* Renee Lo Cicero 3/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813-949-1875
APR 9 2007
Mitchell

P

Kieffer, Kevin
19513 Coachlight Way
Lutz, FL 33549

V

Claussen, Frederick
19516 Coachlight Way
Lutz, FL 33549

T/S

LoCicero, Renee
19505 Coachlight Way
Lutz, FL 33549