2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT



1. Entity Nam	MENT # N000000056 crossing homeowners				3·3· LI)	<i>J</i> 0	EB 28 AM RETARY OF AHASSEE, FI		
Principal Plac 79 MASTERS ST AUGUSTIN		Mailing Address 79 MASTERS DRIVE ST AUGUSTINE, FL 3208	4		W	IALL	AHASSEE, M	LORIUM	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address 475 W TOW	N PLAC	/E 10 1					
Suite, Apt.		Suite, Apt. #, etc.	7- 1 ->1-		03200 RE	AIL	R2E099 (1/07)	TOT	
100 City & State	ρ	/ 0 0 City & State		4	FEI Number		\	pplied For	
	UGUSTINE FL Country	ST AUGUSTIA	JE, FL	7.	59-3736409	9	1—1	lot Applicable	
3209:	2 Country	32092	Country	5.	Certificate of Sta	tus Desired	3 \$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
THE NEIGHBORHOOD MANAGERS, INC. C/O JANICE L HERREN 79 MASTERS DRIVE			Name	-Name SEVERN-TRENT SERVICES INC					
			Street Address (P.O. Box Number is Not Acceptable)						
	STINE, FL 32084		47	75 W	TOWN	PLACE,	#100		
			City S	T AUG	USTIN		FL Zip Coo	92	
	named entity submits this statement for	the purpose of changing its re	gistered office or						
the obligat	ions of registered agent.	0					1 1		
SIGNATURE Sheli Moran as agent SHELI MORAN 12/3/07									
SIGNATURE :		·					43/0/		
SIGNATURE :	Signature, typed or printed name of registered agent an	·	ロタイモレ/ tegistered Agent signs				UATE		
		d title il applicable. (NOTE: R					Check payable to Department of S		
After Ja	Signature, typed or printed name of registered agent an FILE NOWI!! FEE IS \$236.25 inuary 1, 2008, Fee will be \$297.5	d the il applicable. (NOTE: R	tegislered Agent signa	eture required whe	in reinstating)		Department of S	N 10	
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality 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.

13/08 Date

(904)940-6044

Deever

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: