

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


FILED

07 JAN 29 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

DOCUMENT # N00000007069			
1. Entity Name AMORA HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 116 AMORA AVE. VENICE, FL 34285		Mailing Address 116 AMORA AVE. VENICE, FL 34285	
2. Principal Place of Business - No P.O. Box # 406 GIOVANNI DRIVE		3. Mailing Address (SAME)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NOKOMIS FL		City & State	
Zip 34275	Country USA	Zip	Country
4. FEI Number 65-1049491		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALLOY, MICHAEL 116 AMORA AVE. VENICE, FL 34285		7. Name and Address of New Registered Agent Name SANDI RAASCH Street Address (P.O. Box Number is Not Acceptable) 406 GIOVANNI DRIVE City NOKOMIS FL Zip Code 34275	
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 <u>Sandi Raasch EA</u>		DATE 1/26/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLOY, MICHAEL 116 AMORA AVE. VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIEL SIMONELLI 102 AMORA AVE VENICE FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERG, DONALD 108 AMORA AVE. VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RANDALL MULLER 106 AMORA AVE VENICE FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DAWSON, ROBERT 886 GOLDEN BEACH BLVD. VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES ROSEWELL 129 AMORA AVE VENICE FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEANNE CORBIN PO BOX 101 VENICE FL 34284 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREA MILLER 113 AMORA AVE VENICE FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600087492976 02/06/07--01009--020 **122.50
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: <u>Daniel Simonelli</u>		DATE 1/26/07 734-945-9688	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

K. Eckel JAN 31 2007