

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 Suite, Apt. #, etc.		3. Mailing Address (SAME) Suite, Apt. #, etc.			
City & State NOKOMIS FL		City & State		4. FEI Number 65-1049491	
Zip 34275		Country USA		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> 1/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 PD NAME MALLOY, MICHAEL STREET ADDRESS 116 AMORA AVE. CITY-ST-ZIP VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		TITLE PD NAME DANIEL SIMONELLI STREET ADDRESS 102 AMORA AVE CITY-ST-ZIP VENICE FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME BERG, DONALD STREET ADDRESS 108 AMORA AVE. CITY-ST-ZIP VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		TITLE VD NAME RANDALL MULLER STREET ADDRESS 106 AMORA AVE CITY-ST-ZIP VENICE FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TS NAME DAWSON, ROBERT STREET ADDRESS 886 GOLDEN BEACH BLVD. CITY-ST-ZIP VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		TITLE D NAME JAMES ROSEWELL STREET ADDRESS 129 AMORA AVE CITY-ST-ZIP VENICE FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME JEANNE CORBIN STREET ADDRESS PO BOX 101 CITY-ST-ZIP VENICE FL 34284	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME ANDREA MILLER STREET ADDRESS 113 AMORA AVE CITY-ST-ZIP 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	<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: <u>Daniel Simonelli</u> 1/26/07 734-945-9688 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					