2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2008
Secretary of State

DOCUMENT# N01000000963

Entity Name: BERNWOOD PLACE PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

223 DOLPHIN COVE CT.
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

223 DOLPHIN COVE CT.
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

223 DOLPHIN COVE CT.
BONITA SPRINGS, FL 34135 US

New Mailing Address:

223 DOLPHIN COVE CT.
BONITA SPRINGS, FL 34134 US

FEI Number: 01-0461445 **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:

MILLER, ROGER
223 DOLPHIN COVE CT.
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

MILLER, ROGER
223 DOLPHIN COVE CT.
BONITA SPRINGS, FL 34134 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: ROGER MILLER 10/28/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOVELESS, STEVE
Address: 223 DOLPHIN COVE CT.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VSD ( ) Delete
Name: MILLER, LUCY
Address: 223 DOLPHIN COVE CT.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VT ( ) Delete
Name: MILLER, ROGER
Address: 223 DOLPHIN COVE CT.
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOVELESS, STEVE
Address: 223 DOLPHIN COVE CT.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VSD (X) Change ( ) Addition
Name: MILLER, LUCY
Address: 223 DOLPHIN COVE CT.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VT (X) Change ( ) Addition
Name: MILLER, ROGER
Address: 223 DOLPHIN COVE CT.
City-St-Zip: BONITA SPRINGS, FL 34134

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: STEVE LOVELESS PD 10/28/2008
Electronic Signature of Signing Officer or Director Date