

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000001771

FILED  
May 06, 2010  
Secretary of State

**Entity Name:** MOUNT ROYAL AIRPARK PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

136 WILLIAM BARTRAM DR.  
WELAKA, FL 32193

**New Principal Place of Business:**

111 INDIAN MOUND DRIVE  
CRESCENT CITY, FL 32112

**Current Mailing Address:**

P. O. BOX 1100  
WELAKA, FL 32193

**New Mailing Address:**

111 INDIAN MOUND DRIVE  
CRESCENT CITY, FL 32112

**FEI Number:** 20-0087566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEFFIELD, JASON I  
104 INDIAN MOUND DRIVE  
WELAKA, FL 32193 US

**Name and Address of New Registered Agent:**

SHEFFIELD, JASON I  
104 INDIAN MOUND DRIVE  
CRESCENT CITY, FL 32112 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: JASON I. SHEFFIELD

05/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SHEFFIELD, JASON I  
Address: 104 INDIAN MOUND DRIVE  
City-St-Zip: CRESCENT CITY, FL 32112

Title: VP  
Name: TAILLEFER, ROGER  
Address: 117 TEMPLE MOUND ROAD  
City-St-Zip: CRESCENT CITY, FL 32112

Title: TREA  
Name: BENTLEY, WILLIAM  
Address: 128 AIRPORT ROAD  
City-St-Zip: CRESCENT CITY, FL 32112

Title: SEC  
Name: DRAGO, SUSAN  
Address: 129 WILLIAM BARTRAM DRIVE  
City-St-Zip: CRESCENT CITY, FL 32112

Title: DIR  
Name: PERRY, JOHN  
Address: 128 INDIAN MOUND DRIVE  
City-St-Zip: CRESCENT CITY, FL 32112

Title: DIR  
Name: KOESTER, DONNA  
Address: P. O. BOX 30  
City-St-Zip: WELAKA, FL 32193

I hereby 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 all other like empowered.

SIGNATURE: JASON I. SHEFFIELD

PRES

05/06/2010

Electronic Signature of Signing Officer or Director

Date