



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000001971						<b>FILED</b> 06 MAY 25 PM 1:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name DALTON PINES HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business 14110 NW 21ST LN GAINESVILLE, FL 32606		Mailing Address 14110 NW 21ST LN GAINESVILLE, FL 32606					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address C/O ACTION REAL ESTATE SERVICES 6110-B NW 1 PL GAINESVILLE FL 32607					
City & State GAINESVILLE FL 32607		City & State GAINESVILLE FL 32607		4. FEI Number 27-0015055		Applied For Not Applicable	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TONNELIER, THOMAS H 14110 NW 21ST LN GAINESVILLE, FL 32606				7. Name and Address of New Registered Agent Name: D JEFFREY SAUSAMAN Street Address (P.O. Box Number is Not Acceptable): C/O ACTION REAL ESTATE SERVICES 6110-B NW 1 PL City: GAINESVILLE FL Zip Code: 32607			
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: D Jeffrey Sausaman				D JEFFREY SAUSAMAN 5/19/06			
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE: D <input checked="" type="checkbox"/> Delete NAME: TONNELIER, THOMAS H STREET ADDRESS: 14110 NW 21ST LN CITY-ST-ZIP: GAINESVILLE, FL 32606				TITLE: PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: BONNIE ROSS STREET ADDRESS: 5538-A NW 43 ST CITY-ST-ZIP: GAINESVILLE FL 32653			
TITLE: D <input checked="" type="checkbox"/> Delete NAME: TONNELIER, NANCY B STREET ADDRESS: 14110 NW 21ST LN CITY-ST-ZIP: GAINESVILLE, FL 32606				TITLE: SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: SCOT ROSS STREET ADDRESS: 5538-A NW 43 ST CITY-ST-ZIP: GAINESVILLE FL 32653			
TITLE: D <input checked="" type="checkbox"/> Delete NAME: SAIER, FRANK P STREET ADDRESS: 14110 NW 21ST LN CITY-ST-ZIP: GAINESVILLE, FL 32606				TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: TRINA SEAY STREET ADDRESS: 15648 NW 6 RD CITY-ST-ZIP: ALACHUA, FL 32415			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 300076204353 STREET ADDRESS: 06/14/06--01040--022 **297.50 CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 			
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: Bonnie Ross				BONNIE ROSS 5/23/06 352 3776801			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			