2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000006849

Entity Name: CYPRESS TURN CENTER ASSOCIATION, INC.

FILED Nov 06, 2007 Secretary of State

| Current Principal Plac | e of Business: | New Princi | pal Place of Business |
|------------------------|----------------|-------------------|-----------------------|
| | | | |

CYPRESS TURN CENTER ASSOCIATION 2560 KEYSTONE ROAD TARPON SPRINGS, FL 34688

600 EAST TARPON AVENUE TARPON SPRINGS, FL 34689

Current Mailing Address:

New Mailing Address:

CYPRESS TURN CENTER ASSOCIATION 3010 ALT. 19

600 EAST TARPON AVENUE TARPON SPRINGS, FL 34689

PALM HARBOR, FL 34683

FEI Number: 59-3752871 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:

Name and Address of New Registered Agent:

BORK, JOHN 3010 ÁLT. 19

WHETZEL, TERRI B

600 EAST TARPON AVENUE

PALM HARBOR, FL 34683 US TARPON SPRINGS, FL 34689 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: TERRI B. WHETZEL

11/06/2007

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

PD () Delete BORK, JOHN Name: 3010 ART. 19 Address:

CHISSELL, MICHAEL J Name: Address: 4302 RADCLIFFE DRIVE City-St-Zip: PALM HARBOR, FL 34685

City-St-Zip: PALM HARBOR, FL 34683

> (X) Change () Addition Title:

Title: () Delete Name: BORK, JANICE Address: 3060 ALT 19

Name: CATENAC, GARY M Address: 2625 KEYSTONE ROAD A-5 City-St-Zip: TARPON SPRINGS, FL 34688

City-St-Zip: PALM HARBOR, FL 34682

> Title: TD () Change (X) Addition

Title: () Delete Name:

Address:

HORN, DONALD J Name: 220 RUE DES LACS Address:

City-St-Zip:

City-St-Zip: TARPON SPRINGS, FL 34688

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: MICHAEL J. CHISSELL

PD

11/06/2007