2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01605 05 JUL 12 PM 1:34 1. Entity Name COLONIAL COACH ESTATES MOBILE HOME RESIDENTS ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1040 MARCOS COURT 1040 MARCOS COURT LAKE WORTH, FL 33463-4239 LAKE WORTH, FL 33463-4239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #; etc. 06222005 REIN-NP CR2E099 (6/04) 4. FEI Number 59-2495311 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGGE, DONALD Street Address (P.O. Box Number is Not Acceptable) 1035 COLONIAL BLVD. LAKE WORTH, FL 33463-4239 GREGNACTES 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. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$122.50 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 PD TITLE Delete TITLE Change ■ Addition Joseph Griesi ROGGE, DONALD NAME NAME 161 RainBOW DriVE STREET ADDRESS 1035 COLONIAL BLVD. STREET ADDRESS GREEN ACRES, FL 334634239 CITY+ST-ZIP CITY-ST-ZIP GREINAUS, FIR 33463 VP Delete VP TITLE TITLE 🕰 Change ☐ Addition Susan Mulinu 43 S. Steam Dr ALBANO, STEPHANIE NAME NAME STREET ADDRESS 18 NORTH ERIC LANE STREET ADDRESS LAKE WORTH, FL 33463 CITY-ST-ZIP orcenturas Pla CITY-ST-ZIP ☐ Delete TITLE D Change ☐ Addition Donna Pence PENCE, DONNA NAME NAME 904 Dans PLACE STREET ADDRESS 904 DANA PLACE STREET ADDRESS GILYEN MENES LAKE WORTH, FL 33463 CITY-ST-ZIP 33KB CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE PITCHER, ROSEMARY **500057309455** 07/12/05--01007--002 **122.50 NAME STREET ADDRESS 113 MARCO CT STREET ADDRESS GREENACRES, FL 33463 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITL F

APPROVEL

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE:

SIGNATURE

Date

Description

Des