2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # N02000005616 97 DEC 31 PM 1:29 WEATHERLY CLUSTER DEVELOPMENT HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 5522 NW 43RD STREET 5522 NW 43RD STREET SUITE B SUITE B GAINESVILLE, FL 32653 GAINESVILLE, FL 32653 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 9200 NW 39 Ave Suite, Apt. #, etc. 11052007 REIN-NP CR2E099 (1/07) 4. FEI Number 56-2322086 City & State City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LINDA A. BROWN LINDSEY, GLENDA Street Address (P.O. Box Number is Not Acceptable) **BOSSHARDT PROPERTY MGT** 5522-B NW 43RD STREET 2130 NW 88 St GAINESVILLE, FL 32653 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. (NOTE; Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. WAYNE HANDLEY 2165 NW 88 St. 5/b Change TD TITLE ☐ Defete TITLE RITCHIE, TODD NAME NAME 2149 NDW 87TH TERR STREET ADDRESS STREET ADDRESS GAINESUILLE, FL 32606 GAINESVILLE, FL 32606 CITY-ST-ZIP CITY-ST-ZIP LINDA BROWN TITLE ☐ Delete TITLE 2130 NW 88 SK BROWN, LINDA NAME 2130 NW 88TH ST. STREET ADDRESS STREET ADDRESS Gaineaulle , 4L 32606 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32606 900112519455 Addition 11/21/07-01051-005 **61.25 TITLE Delete TITLE LAWRENCE, ALVIN NAME STREET ADDRESS 2125 NW 88TH ST STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 CITY-ST-ZIP 31011251346 □ Addition 01/08/08--01023-015; **175.00 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE TT Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: