

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000006156

1. Entity Name
RESERVE AT WOODMONT HOMEOWNERS
ASSOCIATION, INC.



FILED

09 APR 15 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Address
11 U.S. 19 N
COMMUNITY MANAGEMENT CONCEPTS
4585 140th Ave North
Suite 1012
Clearwater, FL 33762

Filing Address



Suite, Apt. #, etc.

City & State

Zip Country

04012009 REIN-NP CR2E099 (1/07)

4. FEI Number
16-0709428

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKALSKI, JOSEPH C
14010 ROOSEVELT BLVD.
SUITE 708
CLEARWATER, FL 33762

7. Name and Address of New Registered Agent

Name
Street Address
COMMUNITY MANAGEMENT
CONCEPTS
4585 140th Ave North
Suite 1012
Clearwater, FL 33762

City State Zip Code

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, the registered agent.

SIGNATURE *[Signature]* DATE 4/1/09

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO KRAUSER, PETER 31111 U.S. 19 N PALM HARBOR, FL 34684 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P- DEIVERT, BRIAN 13801 SPRINGER LANE TAMPA, FL 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DELANCEY, JOHN 31111 U.S. 19 N PALM HARBOR, FL 34684 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V- NEILAND, RICK 13808 SPRINGER LANE TAMPA, FL 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SNYDER, J 31111 U.S. 19 N PALM HARBOR, FL 34684 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S- ALEXANDER, EARNEST 13720 SPRINGER LANE TAMPA, FL 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- KOUTROUMANIS, DEAN 13810 SPRINGER LANE TAMPA, FL 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900150075799 04/15/09--01001--020 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE 4/1/09 DAYTIME PHONE 727-535-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR