2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 18, 2008
Secretary of State

DOCUMENT# N02000009372

Entity Name: PEARL ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

11356 NEWINGTON AVENUE
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

11356 NEWINGTON AVENUE
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 56-2306117 **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:

BAIA, FRANCINE
11348 NEWINGTON AVENUE
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

SALAZAR, LEANNE
11356 NEWINGTON AVENUE
SPRING HILL, FL 34609 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: LEANNE SALAZAR 11/18/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BAIA, FRANCINE PRESIDE
Address: 11348 NEWINGTON AVENUE
City-St-Zip: SPRING HILL, FL 34609

Title: D ( ) Delete
Name: PERLINGIERI, DAVID
Address: 11348 NEWINGTON AVENUE
City-St-Zip: SPRING HILL, FL 34609

Title: D ( ) Delete
Name: SALAZAR, LEANNE TREASUR
Address: 11356 NEWINGTON AVENUE
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LEANNE SALAZAR D 11/18/2008
Electronic Signature of Signing Officer or Director Date