2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000002282

Address:

City-St-Zip:

9024 DUPONT PLACE

WELLINGTON, FL 33414

FILED Oct 01, 2008 Secretary of State

Entity Name: BRYDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: TOWNSHIP PLAZA 4400 W SAMPLE ROAD, STE 200 4400 W SAMPLE RD STE 200 COCONUT CREEK, FL 330733450 COCONUT CREEK, FL 330733450 **New Mailing Address: Current Mailing Address:** TOWNSHIP PLAZA 4400 W SAMPLE ROAD, STE 200 4400 W SAMPLE RD STE 200 COCONUT CREEK, FL 330733450 COCONUT CREEK, FL 330733450 FEI Number: 27-0077490 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: POSIN, HARRY L POSIN, HARRY L 4400 W SAMPLE ROAD, STE 200 4400 W SAMPLE RD STE 200 US COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 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: HARRY POSIN 10/01/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RFFR TR Name: Name: 4400 W SAMPLE RD STE 200 Address: Address: City-St-Zip: COCONUT CREEK, FL 330733450 City-St-Zip: Title: () Delete Title: DST (X) Change () Addition RODGERS, FRANK Name: RODGERS, FRANK Name: Address: 4400 W SAMPLE RD STE 200 Address: 4400 W SAMPLE RD STE 200 City-St-Zip: COCONUT CREEK, FL 330733450 City-St-Zip: COCONUT CREEK, FL 330733450 Title: VD. () Delete Title: DV (X) Change () Addition LONG, THOMAS LONG, THOMAS Name: Name: 4400 W. SAMPLE RD. STE 200 4400 W SAMPLE ROAD, STE 200 Address: Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073 Title: () Delete Title: (X) Change () Addition O'CONNOR, MICHAEL Name: Name: LESTER, DAVID

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.

Address:

City-St-Zip:

9124 DUPONT PLACE

WELLINGTON, FL 33414

SIGNATURE: THOMAS LONG DV 10/01/2008