

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 30, 2006
Secretary of State**

DOCUMENT# N03000003701

Entity Name: OLD COURTHOUSE SQUARE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2628 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

31 B OLD COURTHOUSE WAY
CRAWFORDVILLE, FL 32327 US

Current Mailing Address:

2628 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Mailing Address:

P.O. BOX 1645
CRAWFORDVILLE, FL 32326 US

FEI Number: 20-0596136 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

EVANS, JERRY
2628 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

LEVERING, MYRNA Y
31 B OLD COURTHOUSE WAY
CRAWFORDVILLE, FL 32327 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: MYRNA Y LEVERING

10/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EVANS, JERRY
Address: 2628 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD () Delete
Name: FOERST, CHRIS
Address: 3353 BARROW HILL TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: STD () Delete
Name: REITER, AMY
Address: 14C OLD COURTHOUSE WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEVERING, MYRNA
Address: 31B OLD COURTHOUSE WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD (X) Change () Addition
Name: GEIGER, DEBI
Address: 30 A OLD COURTHOUSE WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MYRNA Y LEVERING

PD

10/30/2006

Electronic Signature of Signing Officer or Director

Date