


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 MAY 23 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N03000003760</b> 1. Entity Name SOUTHWEST ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1286 US 90 WEST LAKE CITY, FL 32055			Mailing Address 1286 US 90 WEST LAKE CITY, FL 32055		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DICKS, BRADLEY N 1286 US 90 WEST LAKE CITY, FL 32055			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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.					
SIGNATURE <u>Bradley N Dicks</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>5-12-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$297.50</b>			<b>Make check payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKS, BRADLEY N 1286 US HWY. 90 WEST LAKE CITY, FL 32055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, SUZANNE D 1286 US HWY 90 WEST LAKE CITY, FL 32055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DICKS, LENVIL H 1286 US HWY 90 WEST LAKE CITY, FL 32055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Bradley N Dicks</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>5-12-05</u> <small>Date Daytime Phone #</small>		

05112005 REIN-NP CR2E099 (6/04) 04-05

4. FEI Number 20-2818513 Applied For ☐ Not Applicable ☐  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

5/5/04 90221 012 \$61.25  
 300055837343  
 06/07/05--01010--008 \*\*236.25