2006 NOT-FOR-PROFIT CORPORATION

REINSTATEMENT					FILED			
DOCUMENT # N0300006166 1. Entity Name LAKE DAVIS/GREENWOOD NEIGHBORHOOD ASSOCIATION, INC					2006 NOV -1 AM 10: 21 SECRETAR: U. STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 800 DELANEY PARK DR ORLANDO, FL 32806 1033 North Loke Dawd 2. Principal Place of Business Mailing Address 800 DELANEY PARK DR. ORLANDO, FL 32806 3. Mailing Address 1033 N Loke Dawd				09/1	09/11/06 9000/ 037 67			
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.	Countrye I	4. FEI Number 41-21106	86	No. \$9.75 and	plied For t Applicable litional	
6. Name and Address of Current Registered Agent ROLLINGS, ERIC Street Address (I Street Address) (I C) Street Address (I C) Street Add					7. Name and Address of New Registered Agent That Ganick P.O. Box Number is Not Acceptable Tip Code			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if explicable. (NOTE: Registered Agent signature required when refinishing) DATE FILE NOWILI FEE IS \$238.25								
10.	OFFICERS AND DIRE		11. TITLE NAME	•	į.	AND DIRECTORS IN		
CITY-ST-ZIP ORL TITLE V NAME MAS STREET ADDRESS 903	DELANEY PARK DR. ANDO, FL 32806 SONI, NICK S MILLS AVE ANDO, FL 32806	□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael G 1033 North	onick loke Da	□ Change UV DC . 3-Z8-06	Addition	
TITLE T NAME FLYT STREET ADDRESS 1406	NN, JESSICA CATHERINE STREET ANDO, FL 32801	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	San Dolare Wichele 2 LLEUZILEE	_	Change	Addition Addition	
NAME BRA STREET ADDRESS 810 I	MUCHI, CHRIS DELANEY PARK DR ANDO, FL 32806	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3.11/	3/04	Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	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.

SIGNATIOE:

ONCL

POSIDED

10/15/06

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