

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000007249 1. Entity Name BOYETTE FARMS ADDITION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 325 SOUTH BOULEVARD TAMPA, FL 33606			Mailing Address 325 SOUTH BOULEVARD TAMPA, FL 33606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	12202004 REIN-NP CR2E099 (6/04)	
4. FEI Number				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JAMES, JUDITH L 325 SOUTH BOULEVARD TAMPA, FL 33606			Name Street Address (P.O. Box Number is Not Acceptable) 1515 NIVIN H A H CHURCH II		
			City FL		
			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMES, JUDITH L		NAME		
STREET ADDRESS	325 SOUTH BOULEVARD		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33606		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPO, DANIEL E		NAME		
STREET ADDRESS	P.O. BOX 3407		STREET ADDRESS		
CITY - ST - ZIP	RIVERVIEW, FL 33568		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOREY, MICHAEL		NAME		
STREET ADDRESS	100 TAMPA OAKS BLVD. SUITE 100		STREET ADDRESS		
CITY - ST - ZIP	TEMPLE TERRACE, FL 33637		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/19/05 813-254-7157 <small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12202004 REIN-NP CR2E099 (6/04)

4. FEI Number ☐ Applied For ☐ Not Applicable

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 Street Address (P.O. Box Number is Not Acceptable)
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Make check payable to
 Florida Department of State

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 NAME JAMES, JUDITH L
 STREET ADDRESS 325 SOUTH BOULEVARD
 CITY - ST - ZIP TAMPA, FL 33606

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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