2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Aug 30, 2007
Secretary of State

DOCUMENT# N03000009377

Entity Name: CELEBRATION OAKS PHASE 1 HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2317 SW 13 ST
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

2317 SW 13 ST
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 45-0537273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARPENTER, RONALD A
5608 NW 43 ST
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

MCCOY, WILLIAM A EX. DIR
2317 SW 13TH STREET
GAINESVILLE, FL 32608 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: WILLIAM 08/30/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FEATHER, DAVID G
Address: 2317 SW 13 ST
City-St-Zip: GAINESVILLE, FL 32608

Title: DV ( ) Delete
Name: CASTINE, MICHAEL R
Address: 3530 NW 43 ST
City-St-Zip: GAINESVILLE, FL 32606

Title: DS (X) Delete
Name: CARPENTER, RONALD A
Address: 5608 NW 43 ST
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ALACHUA HABITAT FOR, HUMANITY
Address: 2317 SW 13 ST
City-St-Zip: GAINESVILLE, FL 32608

Title: DV (X) Change ( ) Addition
Name: ALACHUA HABITAT FOR, HUMANITY
Address: 2317 SW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

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

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.

SIGNATURE: WILLIAM DP 08/30/2007
Electronic Signature of Signing Officer or Director Date