2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 23, 2009
Secretary of State

DOCUMENT# N04000003236

Entity Name: SILVERADO EAST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

27499 RIVERVIEW CTR, SUITE 138
BONITA SPRINGS, FL 34134

New Principal Place of Business:

27499 RIVERVIEW CTR, SUITE 112
BONITA SPRINGS, FL 34134

Current Mailing Address:

27499 RIVERVIEW CTR, SUITE 138
BONITA SPRINGS, FL 34134

New Mailing Address:

27499 RIVERVIEW CTR, SUITE 112
BONITA SPRINGS, FL 34134

FEI Number: 86-1085302 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

BONITA SPRINGS AREA HOUSING DEV. CORP
27499 RIVERVIEW CTR, SUITE 138
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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: DAVE MCKEE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TAYLOR, TAMMARA
Address: 26760 SILVERADO EAST DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: VP ( ) Delete
Name: MARTINEZ, EDILBERTO
Address: 26810 SILVERADO EAST DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete
Name: GOMES, EUGENIO
Address: 26761 SILVERADO EAST DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T ( ) Delete
Name: RAZO, LAURA
Address: 26800 SILVERADO EAST DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TAMMRA TAYLOR P 11/23/2009

Electronic Signature of Signing Officer or Director — Date