2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000003920

1. Entity Name
OAK RIDGE EQUINE CENTER PROPERTY OWNERS' ASSOCIATION, INC.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 16 PM 2:48

REINSTATEMENT 06

10062006 REIN-NP CR2E099 (11/05)

Principal Place of Business	Mailing Address
4625 NW 110TH AVENUE OCALA, FL 34482	4625 NW 110TH AVENUE OCALA, FL 34482

2. Principal Place of Business	3. Mailing Address
3090 SE 148th TERRACE Suite, Apt. #, etc.	3090 SE 148th TERRACE Suite, Apt. #, etc.
City & State: MORRISTON, FLORIDA	City & State: MORRISTON, FLORIDA
Zip: 32668 Country: LEVY	Zip: 32668 Country: LEVY

4. FEI Number: 20-3109211 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, ROBERT
4625 NW 110TH AVENUE
OCALA, FL 34482

7. Name and Address of New Registered Agent

Name: Robert Nelson
Street Address (P.O. Box Number is Not Acceptable): 16787 NW HIGHWAY 464B
City: MORRISTON **FL** Zip Code: 32668

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 _____ 10/17/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25 **After January 1, 2007, Fee will be $122.50**	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KONTOGIANNIS, TOMMY 1 CROSS ISLAND PLAZA, SUITE LL6 ROSEDALE, NY 11422	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIAZ, JUVENAL 3201 SW 58th Street OCALA, FLORIDA 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KONTOGIANNIS, TOMMY 1 CROSS ISLAND PLAZA, SUITE LL6 ROSEDALE, NY 11422	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FULLER, RICHARD 3851 SE 148th TERRACE MORRISTON, FLORIDA 32668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NELSON, ROBERT 4625 NW 110TH AVENUE OCALA, FL 34482	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NELSON, ROBERT 16787 NW HIGHWAY 464B MORRISTON, FLORIDA 32668	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, TIMOTHY A 16787 NW HIGHWAY 464B MORRISTON, FLORIDA 32668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIERRA, RUBEN 4011 BLUE GRASS LANE DAVIE, FLORIDA 33330	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000080882470 10/16/06--01052--013 **61.25	☐ 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.

SIGNATURE: _____ 10/17/06 352-509-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #