

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004697

FILED
Apr 21, 2006
Secretary of State

Entity Name: BOCCAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1415 10TH ST., WEST
PALMETTO, FL 34221

New Principal Place of Business:

3527 PALM HARBOR BLVD.
PALM HARBOR, FL 34683

Current Mailing Address:

1415 10TH ST., WEST
PALMETTO, FL 34221

New Mailing Address:

P.O. BOX 1418
PALM HARBOR, FL 34682

FEI Number: 20-1095622 **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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

MELROSE MANAGEMENT GROUP
3527 PALM HARBOR BLVD.
PALM HARBOR, FL 34683 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: JACK B. HANSON

04/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ZIRKELBACH, ALAN
Address: 1415 10TH ST., WEST
City-St-Zip: PALMETTO, FL 34221

Title: VSTD () Delete
Name: PITTS, THOMAS
Address: 1415 10TH ST., WEST
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: ILLES, BRUCE
Address: 1415 10TH ST., WEST
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHOETTELKOTTE, PAUL
Address: 3550 BUSCHWOOD PARK DRIVE, SUITE 180
City-St-Zip: TAMP, FL 33618

Title: VP (X) Change () Addition
Name: MARTIN, ALLISON
Address: 3550 BUSCHWOOD PARK DRIVE, SUITE 180
City-St-Zip: TAMPA, FL 33618

Title: T (X) Change () Addition
Name: DAWKINS, JASON
Address: 3550 BUSCHWOOD PARK DRIVE, SUITE 180
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL SCHOETTELKOTTE

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04/21/2006

Electronic Signature of Signing Officer or Director

Date