2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2009
Secretary of State

DOCUMENT# N04000005307

Entity Name: SOUTHWEST RANCHES HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

5901 SW 160TH AVE.
SOUTHWEST RANCHES, FL 33331

New Principal Place of Business:

Current Mailing Address:

5901 SW 160TH AVE.
SOUTHWEST RANCHES, FL 33331

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

POLIAKOFF, GARY A ESQ.
3111 STIRLING RD.
FT. LAUDERDALE, FL 33312 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: GARY A. POLIAKOFF ESQ.
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: CHAPLES, MARYGAY
Address: 5901 SW 160TH AVE.
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: D ( ) Delete
Name: DUNN, EILEEN
Address: 5901 SW 160TH AVE.
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: D ( ) Delete
Name: HOLLINGSWORTH, NOLE
Address: 5901 SW A60TH AVE.
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: V ( ) Delete
Name: MCKAY, DOUG
Address: 5901 SW 160TH AVE.
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: D ( ) Delete
Name: SCHRODER, DENISE
Address: 5901 SW 160TH AVE.
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: D ( ) Delete
Name: CIMETTA, KEN
Address: 5901 SW 160TH AVE.
City-St-Zip: SOUTHWEST RANCHES, FL 33331

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:

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: MARYGAY CHAPLES PT 10/15/2009
Electronic Signature of Signing Officer or Director — Date