

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005942

FILED
Oct 05, 2005
Secretary of State

Entity Name: LAS VENTANAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

517 PAULA DR S
DUNEDIN, FL 34698

New Principal Place of Business:

613 3RD AVENUE S.
ST. PETERSBURG, FL 33701

Current Mailing Address:

517 PAULA DR S
DUNEDIN, FL 34698

New Mailing Address:

605 16TH AVE, NE
ST. PETERSBURG, FL 33704

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:

LOVE, LAUANNE S ESQ
517 PAULA DR S
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

CELLI, RENEE A
605 16TH AVENUE NE
ST. PETERSBURG, FL 33704 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: RENEE A. CELLI

10/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARAYBAR, ALBERTO F
Address: 517 PAULA DR S
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: SANCHEZ, JASON M
Address: 517 PAULA DR S
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: LOVE, LOUANNE S
Address: 517 PAULA DR S
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: DAVIDSON, JEREMY
Address: 611 3RD AVE S
City-St-Zip: ST. PETERSBURG, FL 33701

Title: O (X) Change () Addition
Name: RUSSELL, TONI
Address: 603 3RD AVENUE S
City-St-Zip: ST. PETERSBURG, FL 33701

Title: O (X) Change () Addition
Name: CELLI, RENEE A
Address: 605 16TH AVENUE NE
City-St-Zip: ST. PETERSBURG, FL 33704

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RENEE A. CELLI

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10/05/2005

Electronic Signature of Signing Officer or Director

Date