2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000006471

FILED Oct 25, 2007 Secretary of State

IME: ORCHARD PARK III HOMEOWNERS' ASSC	OCIATION, INC.
Principal Place of Business:	New Principal Place of Business:
ISON AVE HILL, FL 34608 US	4316 LAMSON AVE SPRING HILL, FL 34608 US
Mailing Address:	New Mailing Address:
ISON AVE HILL, FL 34608 US	4316 LAMSON AVE SPRING HILL, FL 34608 US
r: 20-1396157 FEI Number Applied For() FE nce with s. 607.193(2)(b), F.S., the corporation did not rece	I Number Not Applicable () Certificate of Status Desired ()
d Address of Current Registered Agent:	Name and Address of New Registered Agent:
DNE, DEBRA N & COMPANY PROP. MGMT, LLC ISON AVE HILL, FL 34608 US	PERRICONE, DEBRA FRANKLIN & COMPANY PROP. MGMT, LLC 4316 LAMSON AVE SPRING HILL, FL 34608 US
e named entity submits this statement for the purpo te of Florida.	se of changing its registered office or registered agent, or both,
IRE: DEBRA K PERRICONE	10/25/2007
Electronic Signature of Registered Agent	Date
S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
D () Delete GLOVER, RALPH S 8245 RIVER COUNTRY DR SPRING HILL, FL 34607	Title: () Change () Addition Name: Address: City-St-Zip:
D () Delete CHAMPION, SANDRA 8245 RIVER COUNTRY DR SPRING HILL, FL 34607	Title: () Change () Addition Name: Address: City-St-Zip:
D () Delete GLOVER, STUART 8245 RIVER COUNTRY DR	Title: () Change () Addition Name: Address:
1 rn c > 11	SON AVE HILL, FL 34608 US Mailing Address: SON AVE HILL, FL 34608 US T: 20-1396157 FEI Number Applied For () FE nce with s. 607.193(2)(b), F.S., the corporation did not rece d Address of Current Registered Agent: ONE, DEBRA N & COMPANY PROP. MGMT, LLC SON AVE HILL, FL 34608 US e named entity submits this statement for the purpo e of Florida. RE: DEBRA K PERRICONE Electronic Signature of Registered Agent S AND DIRECTORS: D () Delete GLOVER, RALPH S 8245 RIVER COUNTRY DR SPRING HILL, FL 34607 D () Delete CHAMPION, SANDRA 8245 RIVER COUNTRY DR SPRING HILL, FL 34607 D () Delete

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: SANDRA CHAMPION 10/25/2007 D