

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007580

FILED
Feb 28, 2007
Secretary of State

Entity Name: ROYAL OAK PATIO HOMES PHASE II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2000 N TROPICAL TRAIL
MERRITT ISLAND, FL 32953

New Principal Place of Business:

4610 LIPSCOMB ST., NE
PALM BAY, FL 32905

Current Mailing Address:

2000 N TROPICAL TRAIL
MERRITT ISLAND, FL 32953

New Mailing Address:

4610 LIPSCOMB ST., NE
PALM BAY, FL 32905

FEI Number: 20-2035414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, ANTHONY J
4610 LIPSCOMB ST NE STE 1
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

VON DREELE, WAYNE
3993 WEST FIRST STREET
SANFORD, FL 32771 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: WAYNE VON DREELE

02/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAFIZI, HAMID
Address: 2000 N TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: V () Delete
Name: HAFIZI, JERRI
Address: 2000 N TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: V () Delete
Name: HAFIZI, DAVID
Address: 2000 N TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: V (X) Delete
Name: HAFIZI, MARYAM
Address: 2000 N TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROEWER, SCOTT
Address: 4610 LIPSCOMB ST., NE
City-St-Zip: PALM BAY, FL 32905

Title: VD (X) Change () Addition
Name: BOWES, MARK
Address: 4610 LIPSCOMB ST., NE
City-St-Zip: PALM BAY, FL 32905

Title: SD (X) Change () Addition
Name: DELANO, MARCO
Address: 4610 LIPSCOMB ST., NE
City-St-Zip: PALM BAY, FL 32905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SCOTT ROEWER

PD

02/28/2007

Electronic Signature of Signing Officer or Director

Date