2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007580

FILED Oct 27, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4610 LIPSCOMB ST., NE 3204 MOE NORMAN CT PALM BAY, FL 32905 TITUSVILLE, FL 32780

Current Mailing Address: New Mailing Address:

4610 LIPSCOMB ST., NE 3204 MOE NORMAN CT PALM BAY, FL 32905 TITUSVILLE, FL 32780

FEI Number: 20-2035414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

VON DREELE, WAYNECOOK II, HERBERT T3993 WEST FIRST STREET3204 MOE NORMAN CTSANFORD, FL 32771 USTITUSVILLE, FL 32780 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: HERBERT T COOK II 10/27/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ROEWER, SCOTT Name: FERNANDES, MICHAEL

 Address:
 4610 LIPSCOMB ST., NE
 Address:
 3223 MOE NORMAN CT

 City-St-Zip:
 PALM BAY, FL 32905
 City-St-Zip:
 TITUSVILLE, FL 32780

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 BOWES, MARK
 Name:
 SMITH, JAMES J

 Address:
 4610 LIPSCOMB ST., NE
 Address:
 3274 MOE NORMAN CT

 City-St-Zip:
 PALM BAY, FL 32905
 City-St-Zip:
 TITUSVILLE, FL 32780

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 DELANO, MARCO
 Name:
 COOK, HERBERT T

 Address:
 4610 LIPSCOMB ST., NE
 Address:
 3204 MOE NORMAN CT

 City-St-Zip:
 PALM BAY, FL 32905
 City-St-Zip:
 TITUSVILLE, FL 32780

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: HERBERT T COOK II STD 10/27/2008