

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Jan 27, 2009
Secretary of State**

DOCUMENT# N04000010100

Entity Name: OAK VISTAS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

9040 TOWNE CENTER PARKWAY
BRADENTON, FL 34202 US

New Principal Place of Business:

375 INTERSTATE BOULEVARD
SARASOTA, FL 34240 US

Current Mailing Address:

777 S PALM AVE. # 9
SARASOTA, FL 34236 US

New Mailing Address:

375 INTERSTATE BOULEVARD
SARASOTA, FL 34240 US

FEI Number: 20-3820818 FEI Number Applied For () FEI Number Not Applicable () 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:

SCHLOTTHAUER, WILLIAM G
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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 TURNER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: TURNER, GARY
Address: 9040 TOWNE CENTER PARKWAY
City-St-Zip: BRADENTON, FL 34202 US

Title: V (X) Delete
Name: DOBBS, EDWARD J
Address: 9040 TOWNE CENTER PARKWAY
City-St-Zip: BRADENTON, FL 34202 US

Title: DT (X) Delete
Name: DIXON, MARK
Address: 9040 TOWNE CENTER PARKWAY
City-St-Zip: BRADENTON, FL 34202 US

Title: DPS (X) Delete
Name: GARDNER, JEFFREY A
Address: 9040 TOWNE CENTER PARKWAY
City-St-Zip: BRADENTON, FL 34202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: TURNER, GARY
Address: 2390 CATTLEMAN RD
City-St-Zip: SARASOTA, FL 34232 US

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: GARY TURNER

Electronic Signature of Signing Officer or Director

VP

01/27/2009

Date