## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000011443

FILED Mar 18, 2009 Secretary of State

Entity Name: COUNTRY LANDINGS HOMEOWNERS' ASSOCIATION AT CANNON CREEK, INC.

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

289 SW CHALLENGE LANE 2409 SISTER'S WELCOME RD SUITE 101 LAKE CITY, FL 32025

SUITE 101

LAKE CITY, FL 32025

**Current Mailing Address:** New Mailing Address:

289 SW CHALLENGE LANE 2409 SISTER'S WELCOME RD SUITE 101

LAKE CITY, FL 32025 SUITE 101

LAKE CITY, FL 32025

FEI Number: 20-2807547 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 New Registered Agent: Name and Address of Current Registered Agent:

SRURIOL, DANIEL PD SESSIONS, RAYMOND R PD 289 SW CHALLENGER LANE 2409 SW SISTER'S WELCOME RD

LAKE CITY, FL 32025 SUITE 101 LAKE CITY, FL 32025 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: RAYMOND SESSIONS 03/18/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VP-D (X) Change ( ) Addition () Delete

BLANCHI, LOUIS SESSIONS, STEPHEN A Name: Name:

165 SW WINGS TERRACE Address: 2409 SW SISTER'S WELCOME RD, SUITE 101 Address:

City-St-Zip: LAKE CITY, FL 32025 US City-St-Zip: LAKE CITY, FL 32025 US

Title: () Delete Title: (X) Change ( ) Addition HOFFMAN, DOREEN T/D Name: SESSIONS, RAYMOND R T/D Name: Address: 315 SW CHALLENGER LANE Address: 163 BONANZA GLEN City-St-Zip: LAKE CITY, FL 32025 US City-St-Zip: LAKE CITY, FL 32025 US

Title: S,D () Delete Title: S,D (X) Change ( ) Addition TIEMAN, SANDRA CANNON CREEK AIRPORT, Name: Name:

209 SW WINGS TERRACE 2409 SW SISTER'S WELCOME RD, SUITE 101 Address: Address:

City-St-Zip: LAKE CITY, FL 32025 US City-St-Zip: LAKE CITY, FL 32025 US

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: RAYMOND SESSIONS PD 03/18/2009