## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000001192

FILED Dec 08, 2009 Secretary of State

Entity Name: VILLAGE OF THE PALMS NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1005 3RD AVENUE WEST 1201 6TH AVE W STE 318 BRADENTON, FL 34205 PALMETTO, FL 34221 **Current Mailing Address: New Mailing Address:** 1005 3RD AVENUE WEST 1201 6TH AVE W STE 318 PALMETTO, FL 34221 BRADENTON, FL 34205 FEI Number: 42-1663271 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: Name and Address of New Registered Agent: BLALOCK, WALTERS, HELD & JOHNSON, P.A. 802 11TH STREET WEST BRADENTON, FL 34205 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: BLALOCK WALTERS Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: S, D (X) Change ( ) Addition () Delete SAILES, WINNIE MANATEE COUNTY HABITAT FOR HUMANITY INC Name: Name: 6029 2ND STREET WEST Address: 1201 6TH AVE STE 318 Address: City-St-Zip: BRADENTON, FL 34205 City-St-Zip: BRADENTON, FL 34205 Title: ( ) Delete Title: () Change () Addition ANDERSON, KIKI Name: Name: Address: 501 12TH ST. W. Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: VPD () Delete Title: () Change () Addition PERKINS, GERALD Name: Name: 506 11TH ST. DR. W. Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: ( ) Delete Title: () Change () Addition PADGETT, MICHELLE Name: Name: Address: 508 11TH ST. CT. W. Address: City-St-Zip: PALMETTO, FL 34221 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: BRYAN L SEE - MANATEE COUNTY HABITAT FOR

D

12/08/2009