2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

07 NOV 28 AM 10: 18 DOCUMENT # N05000002125 1. Entity Name HERMITARINE OF STATE TALLAHASSEE, FLORIDA THE VILLAGES AT OVERSTREET TOWNHOME HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 111 N ORANGE AVE 111 N ORANGE AVE **SUITE 1040 SUITE 1040** ORLANDO, FL 32801 ORLANDO, FL 32801 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11 PEINSTATEMENT, (1/07) 11315 Corporate Blvd 11315 Corporate Blvd Suite, Apt. #, etc Suite 250 Suite 250 4. FEI Number 59-3799631 Applied For City & State City & State Orlando, FL Not Applicable Orlando, FI Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 32817 USA 32817 USA 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent <u>Hawks, Candice</u> HAWES, CANDICE Street Address (P.O. Box Number is Not Acceptable) 11315 Corporate Blvd. 111 N ORANGE AVE **SUITE 1040** ORLANDO, FL 32801 Suite 250 Orlando 32817 8. The above named entity submits this statement for the pugose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of reals: SIGNATURE (NOTE: Registered Agent algorature required when reinstating) Make check payable to a second control of the contr FILE NOW!!! FEE 13 \$236.25 After January 1, 2008, Fee will be \$297.50 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE ☐ Change TITLE NAME COOMER, PAT NAME 400112664974 STREET ADDRESS 8529 SOUTH PARK CIRCLE STE 190 STREET ADDRESS 11/28/07--01049--006 **427..50 CNY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP VP VΡ Change Addition ☐ Delete TITLE TITLE HAWES, CANDICE NAME NAME Hawks, Candice STREET ADDRESS 111 N ORANGE AVE STE 1040 STREET ADDRESS 11315 Corporate Blvd., Ste. 250 CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP Orlando, FL 32817 TITLE ☐ Delete TITLE ☐ Change Add Hon GONZALEZ, ROLLIE NAME NAME 400112654974 11/28/07--01049--007 ***45 11315 CORPORATE BLVD STE 250 STREET ADDRESS STREET ADDRESS **45.00 CITY-ST-ZIP ORLANDO, FL 32817 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-712 TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS C/TY-31-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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 in Block 10 or Block 11 if changed, or on a 407/281-4480 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIG

FILED