2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000002826

FILED Nov 18, 2009 Secretary of State

Entity Name: COUNTRYSIDE VILLAGE MOBILE HOMEOWNERS' ASSOCIATION, INCORPORATED

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

9147 GETTIE DR BROOKSVILLE, FL 34613

Current Mailing Address: New Mailing Address:

9147 GETTIE DR. 21253 YONTZ ROAD

BROOKSVILLE, FL 34613 36
BROOKSVILLE, FL 34601

FEI Number: 30-0365929 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:

OHLE, JOHN W 21253 YONTZ RD. SUITE # 36 BROOKSVILLE, FL 34601 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: JOHN W. OHLE

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: LEISTMAN, DENNIS Name: MEEK, EDWARD
Address: 9147 GETTIE DR Address: GETTIE DR

City-St-Zip: BROOKSVILLE, FL 34613 City-St-Zip: BROOKSVILLE, FL 34613

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

 Name:
 CLAYTON, LINDSEY
 Name:

 Address:
 9143 GENNESEE DRIVE
 Address:

 City-St-Zip:
 BROOKSVILLE, FL 34613
 City-St-Zip:

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

 Name:
 LEISTMAN, GALE
 Name:
 MEEK, JEAN

 Address:
 9147 GETTIE DR.
 Address:
 9147 GETTIE DR.

 City-St-Zip:
 BROOKSVILLE, FL 34613
 City-St-Zip:
 BROOKSVILLE, FL 34613

Title: D () Delete Title: () Change () Addition

 Name:
 LANGWORTHY, FLORENCE
 Name:

 Address:
 9074 GENNESEE DR
 Address:

 City-St-Zip:
 BROOKSVILLE, FL 34613
 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: JOHN W OHLE RA 11/18/2009