

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # N05000003811</b><br>1. Entity Name<br><b>BRIAR OAK AT OAKLEAF PLANTATION TOWNHOMES OWNERS' ASSOCIATION, INC.</b>   |   |  |  | <br>19 03:05  |  |
| Principal Place of Business<br><b>101 EAST TOWN PLACE SUITE 700 ST. ST. AUGUSTINE, FL 32092</b>  |   |  |  | Mailing Address<br><b>101 EAST TOWN PLACE SUITE 700 ST. ST. AUGUSTINE, FL 32092</b>   |  |
| 2. Principal Place of Business<br><b>5151 Adanson Street, Suite 103 Orlando, Florida 32804</b>   |   | 3. Mailing Address<br><b>5151 Adanson Street, Suite 103 Orlando, Florida 32804</b>           |  | <br><b>REINSTATEMENT</b><br>10092006 REIN-NP CR2E099 (11/05) 06   |  |
| Zip Country  |   | Zip Country  |  | 4. FFI Number<br><b>20-3678751</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>AHERN, JR., FRED L<br/>2215 SOUTH THIRD STREET SUITE 101 JACKSONVILLE BEACH, FL 32092</b>  |   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>GARY HOUSE</b><br>Str <b>c/o Premier Community Managers, Inc.</b><br><b>5151 Adanson Street, Suite 103</b><br><b>Orlando, FL 32804</b><br>Zip Code <b>FL</b> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |  |  |   |  |
| SIGNATURE<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |  |  | DATE <b>10-9-06</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |  |
| <b>FILE NOW!!! FEE IS \$61.25</b><br><b>After January 1, 2007, Fee will be \$122.50</b>  |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  | Make check payable to<br><b>Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>REY, DAVID<br>101 EAST TOWN PLACE SUITE 700 ST.<br>ST. AUGUSTINE, FL 32092    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <b>600081026536</b><br><b>10/19/06--01037--008 **61.25</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVP<br>JONES, MARK<br>101 EAST TOWN PLACE SUITE 700 ST.<br>ST. AUGUSTINE, FL 32092  | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <b>DVP</b><br><b>Jennifer Radcliff</b><br><b>101 East Town Place Suite 700 St</b><br><b>St. Augustine FL 32092</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DST<br>NOBLE, TRACY<br>101 EAST TOWN PLACE SUITE 700 ST.<br>ST. AUGUSTINE, FL 32092 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <b>DST</b><br><b>Chris Pented</b><br><b>101 East Town Place Suite 700</b><br><b>St. Augustine FL 32092</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <br><br><br>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <br><br><br>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <br><br><br>  |  |
| 12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |  |   |  |
| SIGNATURE:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | Date <b>10/18/06</b> Daytime Phone # <b>904-940-0004</b> |   |  |