

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000006843

1. Entity Name
WELLINGTON AT MEADOW POINTE HOMEOWNERS
ASSOCIATION, INC.



FILED

06 OCT -9 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9950 PRINCESS PALM AVENUE
SUITE 115
TAMPA, FL 33619

Mailing Address
9950 PRINCESS PALM AVENUE
SUITE 115
TAMPA, FL 33619

2. Principal Place of Business
Suits, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suits, Apt. #, etc.
City & State
Zip Country

09212008 REIN-NP CR2E089 (11/05) 06

4. FEI Number
20-3108375

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTIN, FL 33331

7. Name and Address of New Registered Agent
Name BRYAN J. STANLEY, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
114 TURNER STREET
City CLEARWATER FL Zip Code 33756

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 *Bryan J. Stanley* DATE 10/2/06

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEB 15 \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	CLOYD, RANDY	STREET ADDRESS	9950 PRINCESS PALM AVENUE, STE 115	CITY-ST-ZIP	TAMPA, FL 33619	☐ Delete
TITLE	D	NAME	ROBERTS, JAY	STREET ADDRESS	9950 PRINCESS PALM AVENUE, STE 115	CITY-ST-ZIP	TAMPA, FL 33619	☐ Delete
TITLE	D	NAME	PALLIN, RAMON	STREET ADDRESS	9950 PRINCESS PALM AVENUE, STE 115	CITY-ST-ZIP	TAMPA, FL 33619	☐ Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Change ☐ Addition

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: *Randy Cloyd* DATE 9/29/06 DAYTIME PHONE 727-740-9600

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR