2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000009565

FILED Apr 05, 2007 Secretary of State

Entity Name: MONTURA HOMEOWNERS ASSOCIATION, INC.

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

200 BUSINESS PARK CIRCLE SUITE 117 11363 SAN JOSE BLVD

ST AUGUSTINE, FL 32095 SUITE 102

JACKSONVILLE, FL 32223

Current Mailing Address: New Mailing Address:

200 BUSINESS PARK CIRCLE SUITE 117 11363 SAN JOSE BLVD

ST AUGUSTINE, FL 32095 SUITE 102

JACKSONVILLE, FL 32223

FEI Number: 20-4771399 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:

BRILEY, D. RANDALL 135 PROFESSIONAL DRIVE SUITE 101 PONTE VEDRA BEACH, FL 32082 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: RANDALL D. BRILEY

OFFICERS AND DIRECTORS:

Flectronic Signature of Registered Agent Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: D () Delete

Name: REFOSCO, MARK
Address: 200 BUSINESS PARK CIRCLE SUITE 117

Name: REFOSCO, MARK
Address: 11363 SAN JOSE BLVD, STE 102

City-St-Zip: ST AUGUSTINE, FL 32095 City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete Title: D (X) Change () Addition Name: REFOSCO, JOAN Name: REFOSCO, JOAN

Address: 200 BUSINESS PARK CIRCLE SUITE 117 Address: 11363 SAN JOSE BLVD. STE 102

City-St-Zip: ST AUGUSTINE, FL 32095 City-St-Zip: JACKSONVILLE, FL 32223

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

 Name:
 ARLOTTA, CAROL
 Name:

 Address:
 200 BUSINESS PARK CIRCLE SUITE 117
 Address:

 City-St-Zip:
 ST AUGUSTINE, FL 32095
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK REFOSCO D 04/05/2007