


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 23 AM 11:38

DOCUMENT # N05000009991 1. Entity Name OAK STREET COMMERCE CENTER PROPERTY OWNERS ASSOCIATION INC.					
Principal Place of Business 313 W HERMOSA ST LADY LAKE, FL 32159			Mailing Address 313 W HERMOSA ST LADY LAKE, FL 32159		
2. Principal Place of Business - No P.O. Box # 308 Oak Street		3. Mailing Address 308 Oak Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lady Lake, FL		City & State Lady Lake, FL		4. FEI Number 35-2248787	
Zip 32159		Country US		Applied For <input type="checkbox"/> Not Applicable	
Zip 32159		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMALLWOOD, MARVIN O 313 W HERMOSA ST LADY LAKE, FL 32159				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				10/15/07 <small>DATE</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SMALLWOOD, MARVIN O 313 W HERMOSA ST LADY LAKE, FL 32159	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TUTOR, GARY J 614 LAKESHORE DRIVE LEESBURG, FL 34748	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TUTOR, GARY J 614 LAKESHORE DRIVE LEESBURG, FL 34748	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TUTOR, GARY J 614 LAKESHORE DRIVE LEESBURG, FL 34748	<input type="checkbox"/> Delete			
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
10/15/07			10/15/07		



10122007 REIN-NP CR2E099 (1/07)

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