

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000012020

FILED  
May 31, 2007  
Secretary of State

**Entity Name:** CARTAGENA CITY HOMES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1725 1/2 E 7TH AVE  
STE 2  
TAMPA, FL 33605

**New Principal Place of Business:**

4039 S DALE MABRY HWY  
TAMPA, FL 33611

**Current Mailing Address:**

1725 1/2 E 7TH AVE  
STE 2  
TAMPA, FL 33605

**New Mailing Address:**

4039 S DALE MABRY HWY  
TAMPA, FL 33611

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

TAMARGO, TED R  
401 E JACKSON ST  
STE 2400  
TAMPA, FL 33602 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: TED R TAMARGO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MIZE, JASON  
Address: 5100 BURCHETTE RD -STE 2204  
City-St-Zip: TAMPA, FL 33647

Title: VPST ( ) Delete  
Name: SEFAIR, DAN  
Address: 1725 1/2 E 7TH AVE - STE 2  
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete  
Name: SEFAIR, DAN  
Address: 1725 1/2 E 7TH AVE - STE 2  
City-St-Zip: TAMPA, FL 33605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MIZE, JASON  
Address: 4039 S DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33611

Title: VPST (X) Change ( ) Addition  
Name: SEFAIR, DAN  
Address: 4039 S DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33611

Title: D (X) Change ( ) Addition  
Name: SEFAIR, DAN  
Address: 4039 S DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33611

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: JASON MIZE

PD

05/31/2007

Electronic Signature of Signing Officer or Director

Date