## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000012919

FILED Jul 10, 2008 Secretary of State

Certificate of Status Desired ( )

07/10/2008

Entity Name: COURTYARD OAKS OWNERS ASSOCIATION, INC.

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

401 US HWY 27 NORTH 601 W. MAIN ST.

AVON PARK, FL 33825 AVON PARK, FL 33825

Current Mailing Address: New Mailing Address:

401 US HWY 27 NORTH PO BOX 1623

AVON PARK, FL 33825 AVON PARK, FL 33826

FEI Number: 20-4549285 FEI Number Applied For ( ) FEI Number Not Applicable ( ) 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:

REED, ROBIN A MANAGEMENT EXPERTS, INC. 2745 TREASURE CAY LANE 601 W. MAIN ST.

SEBRING, FL 33875 US AVON PARK, FL 33825 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: KARLA RENEE BENNETT

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PTD ( ) Delete Title: PTD (X) Change ( ) Addition

 Name:
 BENNETT, RENEE
 Name:
 BENNETT, RENEE

 Address:
 401 US HWY 27 NORTH
 Address:
 601 W. MAIN ST

City-St-Zip: AVON PARK, FL 33825 US City-St-Zip: AVON PARK, FL 33825 US

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KARDINAL, ART
 Name:

 Address:
 1701 BROADWAY, #306
 Address:

 City-St-Zip:
 VAN COUVER, WA 98663 US
 City-St-Zip:

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

 Name:
 REED, ROBIN A
 Name:
 BOLAN, ROBERT

 Address:
 2745 TREASURE CAY LANE
 Address:
 2817 BOULDER CT

 City-St-Zip:
 SEBRING, FL 33875 US
 City-St-Zip:
 SEBRING, FL 33875 US

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: KARLA RENEE BENNETT PTD 07/10/2008

Electronic Signature of Signing Officer or Director

Date