

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000001251

FILED
Oct 19, 2007
Secretary of State

Entity Name: TRILBY TRAILS ADDITION COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

19812 PASO FINOWAY
DADE CITY, FL 32523

New Principal Place of Business:

35126 BLANTON RD
DADE CITY, FL 32523

Current Mailing Address:

PO BOX 843
TRILBY, FL 33593

New Mailing Address:

PO BOX 546
DADE CITY, FL 33526

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENWALD, MARILYN B
19812 PASO FINO WAY
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

HOGAN, SAMYNA C
35126 BLANTON RD
DADE CITY, FL 33523 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: SAMYNA C HOGAN

10/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREENWALD, MARILYN B
Address: 19812 PASO FINO WAY
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: GREEN, SHAWN
Address: 5715 GOLDEN OWL LOOP
City-St-Zip: LAND O'LAKES, FL 34638

Title: D () Delete
Name: MITCHELL, RICHARD
Address: 322 SHARROTT'S ROAD
City-St-Zip: STATEN ISLAND, NY 10309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: HOGAN, SAMYNA C
Address: 35126 BLANTON RD
City-St-Zip: DADE CITY, FL 33523

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMYNA C HOGAN

D/P

10/19/2007

Electronic Signature of Signing Officer or Director

Date