

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
May 04, 2009  
Secretary of State**

DOCUMENT# N06000001318

Entity Name: LOST LAKE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1936 14TH AVENUE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

1095 MORNINGSIDE DRIVE  
VERO BEACH, FL 32963

**Current Mailing Address:**

1936 14TH AVENUE  
VERO BEACH, FL 32960

**New Mailing Address:**

1095 MORNINGSIDE DRIVE  
VERO BEACH, FL 32963

FEI Number: 38-3717832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARRY G. SEGAL, P.A.  
2801 OCEAN DRIVE  
SUITE 204  
VERO BEACH, FL 32963 US

**Name and Address of New Registered Agent:**

BARRY G. SEGAL, P.A.  
621 17TH STREET  
VERO BEACH, FL 32960 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: BARRY SEGAL

05/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VTD ( ) Delete  
Name: FALCETTA, JEFFREY L  
Address: 1936 14TH AVENUE  
City-St-Zip: VERO BEACH, FL 32960

Title: PSD ( ) Delete  
Name: HARDEE, DANIEL W  
Address: 1936 14TH AVENUE  
City-St-Zip: VERO BEACH, FL 32960

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PD (X) Change ( ) Addition  
Name: HIERS, BOBBY J  
Address: 1095 MORNINGSIDE DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: VSTD (X) Change ( ) Addition  
Name: HIERS, MARY FRANCES  
Address: 1095 MORNINGSIDE DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: VPD ( ) Change (X) Addition  
Name: HIERS, LARRY  
Address: 1095 MORNINGSIDE DRIVE  
City-St-Zip: VERO BEACH, FL 32963

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: BJH

P

05/04/2009

Electronic Signature of Signing Officer or Director

Date