2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N06000001932

Entity Name: LA ESTANCIA OF BROWARD COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4801 S. UNIVERSITY DRIVE
SUITE 129
DAVIE, FL 33328

New Principal Place of Business:

4801 S. UNIVERSITY DRIVE
SUITE 239
DAVIE, FL 33328

Current Mailing Address:

4801 S. UNIVERSITY DRIVE
SUITE 129
DAVIE, FL 33328

New Mailing Address:

4801 S. UNIVERSITY DRIVE
SUITE 239
DAVIE, FL 33328

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:

JONMAC & ASSOCIATES, INC.
4801 S. UNIVERSITY DRIVE
SUITE 129
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

JONMAC & ASSOCIATES, INC.
4801 S. UNIVERSITY DRIVE
SUITE 239
DAVIE, FL 33328 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: VENORA MCPHERSON 02/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: BROWN, TASHANA
Address: 5449 S.W. 41ST STREET
City-St-Zip: PEMBROKE PARK, FL 33023

Title: VP ( ) Delete
Name: JACKSON, EARL
Address: 5427 S.W. 41 STREET
City-St-Zip: PEMBROKE PARK, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TASHANA BROWN PRES 02/17/2009
Electronic Signature of Signing Officer or Director Date