


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000004836 1. Entity Name MILLSTONE/COVENTRY COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 11217 SAN JOSE BLVD JACKSONVILLE, FL 32223		Mailing Address 11217 SAN JOSE BLVD JACKSONVILLE, FL 32223	
2. Principal Place of Business - No P.O. Box # 12724 Gran Bay Pkwy Suite, Apt. #, etc. St 300		3. Mailing Address 12724 Gran Bay Pkwy Suite, Apt. #, etc. St 300	
City & State Jacksonville, FL Zip 32258 Country US		City & State Jacksonville, FL Zip 32258 Country US	
4. FEI Number 20-8168728		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent F & L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Zenzi Rogers Street Address (P.O. Box Number is Not Acceptable) 12724 Gran Bay Pkwy, St 300 City Jacksonville FL Zip Code 32258	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Z. Rogers</i></u> 01/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ARNOLD, CHARLES W 11217 SAN JOSE BLVD JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE	PD Zenzi Rogers 12724 Gran Bay Pkwy, St 300 Jacksonville, FL 32258 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD HOYLE, RANDY 11217 SAN JOSE BLVD JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE	VD Kevin Amato 12724 Gran Bay Pkwy, St 300 Jacksonville, FL 32258 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	STD UDELL, ROBERT E 11217 SAN JOSE BLVD JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE	STD Kenneth Huot 12724 Gran Bay Pkwy, St 300 Jacksonville, FL 32258 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<div style="text-align: center;">11/30</div> <input type="checkbox"/> Delete	TITLE	<div style="text-align: center;">500116297925</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<div style="text-align: center;">11/30</div> <input type="checkbox"/> Delete	TITLE	<div style="text-align: center;">01/29/08--01005--001 **122.50</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Z. Rogers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/15/08</u> Daytime Phone # <u>904.380.0779</u>	

FILED

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DEPT. OF STATE
ALLAHASSEE, FLORIDA



REINSTATEMENT 07-08
01/15/08 10:00 AM CR2E099 (1/07)