2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000005954

FILED Oct 09, 2007 Secretary of State

Entity Name: LAKE ROCHELLE ESTATES HOMEOWNERS ASSOCIATION, INC.

	rincipal Place of Business:	New Principal Place of Business:
	CHELLE DR HAVEN, FL 33881	
Current M	lailing Address:	New Mailing Address:
	CHELLE DR HAVEN, FL 33881	
In accordan	:: 20-5377392 FEI Number Applied For (ace with s. 607.193(2)(b), F.S., the corporation	did not receive the prior notice.
	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
	S, AF∠AL CHELLE DR HAVEN, FL 33881 US	
	e named entity submits this statement fo e of Florida.	r the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE: AFZAL BACCHUS	
	Electronic Signature of Registere	ed Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address:	PD () Delete BACCHUS, AFZAL 2716 ROCHELLE DRIVE	Title: () Change () Addition Name: Address:
City-St-Zip:	WINTER HAVEN, FL 33881	City-St-Zip:
Title: Name: Address:	VINTER HAVEN, FL 33881 VPD () Delete BACCHUS, FIZOOL 2718 ROCHELLE DRIVE WINTER HAVEN, FL 33881	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	VPD () Delete BACCHUS, FIZOOL 2718 ROCHELLE DRIVE	Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address:	VPD () Delete BACCHUS, FIZOOL 2718 ROCHELLE DRIVE WINTER HAVEN, FL 33881 SD () Delete FABRE, WANDA 2812 SHUMARD STREET WINTER HAVEN, FL 33881 TD () Delete BACCHUS, BIBI N 2718 ROCHELLE DRIVE	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Title: Name: Address: Dity-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	VPD () Delete BACCHUS, FIZOOL 2718 ROCHELLE DRIVE WINTER HAVEN, FL 33881 SD () Delete FABRE, WANDA 2812 SHUMARD STREET WINTER HAVEN, FL 33881 TD () Delete BACCHUS, BIBI N 2718 ROCHELLE DRIVE	Title: () Change () Addition Name: Address: City-St-Zip: 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: AFZAL BACCHUS PD 10/09/2007