

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 28 PM 12:34

DOCUMENT # N06000007351

1. Entity Name
OAK RIDGE TOWNHOMES HOMEOWNERS
ASSOCIATION OF BREVARD, INC.



Principal Place of Business
6905 NORTH WICKHAM ROAD
SUITE 501
MELBOURNE, FL 32940

Mailing Address
6905 N. WICKHAM ROAD
SUITE 401
MELBOURNE, FL 32940

200156508472



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282009 REIN-NP

CR2E099 (1/07)

City & State

City & State

4. FEI Number

APPLIED FOR 20-5761750

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BARIC, JOHN EGG~~
~~6905 N. WICKHAM RD.~~
~~SUITE 501~~
MELBOURNE, FL 32940

Name Space Coast Property Mgmt.
Street Address (P.O. Box Number is Not Accepted) 645 Classic Ct.
Ste. 104
City Melbourne FL Zip Code 32940

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☒ Delete
NAME FOLEY, TODD
STREET ADDRESS 6905 N. WICKHAM RD. SUITE 201
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE P ☒ Change ☐ Addition
NAME SANDRA DESLER
STREET ADDRESS 480 MARGIE DR.
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE VD ☒ Delete
NAME DARVIN, HOWARD
STREET ADDRESS 6905 N. WICKHAM RD., SUITE 201
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE VP ☒ Change ☐ Addition
NAME Christopher Han
STREET ADDRESS 700 MARGIE DR.
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE DST ☒ Delete
NAME SIGMUND, JAMES
STREET ADDRESS 6905 N. WICKHAM RD., SUITE 501
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE ST ☒ Change ☐ Addition
NAME Rebekah Young
STREET ADDRESS 545 MARGIE DR.
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 08-09ks

4-28-09 321-537-4254