

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000008211

1. Entity Name

ALLIANCE OF LAKE SUZY HOMEOWNERS'
ASSOCIATION, INC.



Principal Place of Business

12559 SOUTHWEST KINGS ROW
LAKE SUZY, FL 34269

Mailing Address

12559 SOUTHWEST KINGS ROW
LAKE SUZY, FL 34269

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

12355 SW KINGSWAY CR

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE SUZY FLORIDA

City & State

Zip

34269

Country

USA

Zip

Country

4. FEI Number

30-0382568

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUMMERALL, ARMON C
12559 SOUTHWEST KINGS ROW
LAKE SUZY, FL 34269

Name MAUREEN STASI

Street Address (P.O. Box Number is Not Acceptable)

12355 SW KINGSWAY CR.

City LAKE SUZY

FL Zip Code 34269

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

4/14/09

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 NAME STREET ADDRESS CITY-ST-ZIP	P SUMMERALL, ARMON C 12559 SOUTHWEST KINGS ROW LAKE SUZY, FL 34269	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MAUREEN STASI 12355 SW KINGSWAY CR LAKE SUZY, FL 34269	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRINKWATER, JOANNA 11600 DALLAS DRIVER NORTH LAKE SUZY, FL 34269	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TREDER, RICHARD W 13134 S.W. PEMBROKE CIRCLE SOUTH LAKE SUZY, FL 34269	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EMBRECH, THERESA 12326 S.W. KINGSWAY CIRCLE LAKE SUZY, FL 34269	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GE BARNES 12144 SW EGRET CR # 1301 LAKE SUZY, FL 34269	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUTHER, ROBERT C 12633 S.W. KINGSWAY CIRCLE LAKE SUZY, FL 34269	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900150715919 04/16/09-01048-012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RH	<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.

Maureen Stasi MAUREEN STASI 4/14/09 941627-1344