

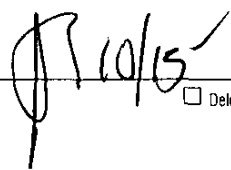
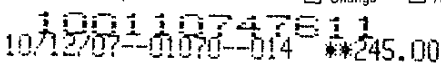


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N06000008580</b> 1. Entity Name WESTPARK PRESERVE HOMEOWNER'S ASSOCIATION, INC.				FILED 07 OCT 12 AM 10:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3810 NORTHDAL E BOULEVARD, SUITE 100 TAMPA, FL 33624		Mailing Address 3810 NORTHDAL E BOULEVARD, SUITE 100 TAMPA, FL 33624		 <b>REINSTATEMENT</b> 07 0928-0099 (1/07)	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-8112944		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent STERN, IMANDA 3810 NORTHDAL E BOULEVARD, SUITE 100 TAMPA, FL 33624				7. Name and Address of New Registered Agent Name <u>BRIAN MIHELICH</u> Street Address (P.O. Box Number is Not Acceptable) <u>3810 NORTHDAL E BLVD</u> <u>SUITE 100</u> City <u>TAMPA</u> FL <u>33624</u>	
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>Brian Mihelich</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>10/9/07</u>	
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2008, Fee will be \$297.50</b>				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	PD STERN, IMANDA 3810 NORTHDAL E BOULEVARD, SUITE 100 TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIAN MIHELICH (SAME)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MIHELICH, BRIAN M 3810 NORTHDAL E BOULEVARD, SUITE 100 TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DARLENE WILLIAMS (SAME)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHWAB, DAWN 3810 NORTHDAL E BOULEVARD, SUITE 100 TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LESLIE MONTROYA (SAME)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">  </div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">  </div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 line empowered.					
SIGNATURE: <u>Brian Mihelich</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>10/9/07</u> DAYTIME PHONE <u>813-265-3343</u>	