

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000010964

FILED  
Nov 13, 2009  
Secretary of State

**Entity Name:** PATTERSON GROVES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1180 SPRING CENTER SOUTH BLVD.  
SUITE 340  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

107 N. LINE DR.  
APOPKA, FL 32703 US

**Current Mailing Address:**

1180 SPRING CENTER SOUTH BLVD.  
SUITE 340  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

107 N. LINE DR.  
APOPKA, FL 32703 US

**FEI Number:** 20-5752450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MAISE, CHARLES  
1180 SPRING CENTER SOUTH BLVD.  
SUITE 340  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

SUTHERLAND, THERESA D  
107 N. LINE DR.  
APOPKA, FL 32703 US

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.

SIGNATURE: THERESA D SUTHERLAND

11/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MAISE, CHARLES  
Address: 1180 SPRING CENTER SOUTH BLVD. SUITE 340  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SARTORI, NICK  
Address: C/O 107 N. LINE DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: VPD ( ) Change (X) Addition  
Name: MCCULLOCH, AL  
Address: C/O 107 N. LINE DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: STD ( ) Change (X) Addition  
Name: WICKER, SARAH  
Address: C/O 107 N. LINE DR.  
City-St-Zip: APOPKA, FL 32703 US

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: NICK SATORI

PD

11/13/2009

Electronic Signature of Signing Officer or Director

Date