2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 19, 2009
Secretary of State

DOCUMENT# N06000011133

Entity Name: OAK RIDGE AT HIGH SPRINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4789 SW 148TH AVE.
SUITE 103
DAVIE, FL 33331

New Principal Place of Business:

4789 SW 148TH AVE.
SUITE 103
DAVIE, FL 33330

Current Mailing Address:

4789 SW 148TH AVE.
SUITE 103
DAVIE, FL 33331

New Mailing Address:

4789 SW 148TH AVE.
SUITE 103
DAVIE, FL 33330

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

HOLLOWAY, LEE A
23335 NORTHWEST CR 236, #30
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

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: LEE HOLLOWAY
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOLLOWAY, LEE A
Address: 23335 NORTHWEST CR 236, #30
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D ( ) Delete
Name: CAPRIO, SAMUEL N
Address: 23335 NORTHWEST CR 236, #30
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D ( ) Delete
Name: CAPRIO, JOSEPH
Address: 2500 WESTON ROAD, SUITE 103
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOSEPH CAPRIO D 11/19/2009
Electronic Signature of Signing Officer or Director — Date