

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000011171

FILED
Feb 25, 2008
Secretary of State

Entity Name: LAGOMAR SHORES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1645 EAST HIGHWAY 50
SUITE 101
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1645 EAST HIGHWAY 50
SUITE 101
CLERMONT, FL 34711

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TOLLEFSON, ARVID
1645 EAST HIGHWAY 50
SUITE 101
CLERMONT, FL 34711 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: ARVID TOLLEFSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOLLEFSON, ARVID
Address: 1645 EAST HIGHWAY 50 #101
City-St-Zip: CLERMONT, FL 34711

Title: VD () Delete
Name: SANCHO, HEIDI
Address: 1645 EAST HIGHWAY 50 #101
City-St-Zip: CLERMONT, FL 34711

Title: STD () Delete
Name: GREENAWALT, TOM
Address: 955 KELLER ROAD #1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: TOLLEFSON, CARL
Address: 17271 KENYON AVENUE, SUITE 103
City-St-Zip: LAKEVILLE, MN 55044

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: ARVID TOLLEFSON

PD

02/25/2008

Electronic Signature of Signing Officer or Director

Date