

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000011689

FILED
Feb 03, 2009
Secretary of State

Entity Name: HIGHLAND LAKES RESERVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7208 SAND LAKE ROAD
SUITE 304
ORLANDO, FL 32819

New Principal Place of Business:

665 SIMONDS RD
WILLIAMSTOWN, MA 01267

Current Mailing Address:

7208 SAND LAKE ROAD
SUITE 304
ORLANDO, FL 32819

New Mailing Address:

665 SIMONDS RD
WILLIAMSTOWN, MA 01267

FEI Number: 20-5871927 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:

NOLAN, BARBARA
7208 SAND LAKE ROAD
SUITE 304
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: SALVINA AMENTA-GRAY

02/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOLAN, BARBARA
Address: 7208 SAND LAKE ROAD, SUITE 304
City-St-Zip: ORLANDO, FL 32819

Title: VPD () Delete
Name: SWITZER, JEFFREY
Address: 7208 SAND LAKE ROAD, SUITE 304
City-St-Zip: ORLANDO, FL 32819

Title: STD () Delete
Name: SMITH, DONALD
Address: 7208 SAND LAKE ROAD, SUITE 304
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MANNERS, MICHELLE
Address: 665 SIMONDS RD
City-St-Zip: WILLIAMSTOWN, MA 01267

Title: VPD (X) Change () Addition
Name: MCCARTHY, PAULA
Address: 665 SIMONDS RD
City-St-Zip: WILLIAMSTOWN, MA 01267

Title: STD (X) Change () Addition
Name: SMITH, TIMOTHY
Address: 665 SIMONDS RD
City-St-Zip: WILLIAMSTOWN, MA 01267

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: PAULA MCCARTHY

VPD

02/03/2009

Electronic Signature of Signing Officer or Director

Date