2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000012236

FILED Oct 29, 2007 Secretary of State

Entity Name: SNELL CREEK MANOR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

41040 US HIGHWAY 27 NORTH DAVENPORT, FL 33873

Current Mailing Address: New Mailing Address:

41040 US HIGHWAY 27 NORTH 2110-B BOCA RATON DR., STE. 102 DAVENPORT, FL 33873 AUSTIN, TX 78747

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FEI Number: 32-0214768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

PRICE, GARY 525 POPE AVENUE NW WINTER HAVEN, FL 33881 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: GARY PRICE

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: MAY, KRISTINE N Name: KALOGRIDIS, MITCHELL D

Address: 41040 US HIGHWAY 27 NORTH Address: 2110-B BOCA RATON DR., STE. 102

City-St-Zip: DAVENPORT, FL 33873 City-St-Zip: AUSTIN, TX 78747

Title: D () Delete Title: D (X) Change () Addition

Name: KALOGRIDIS, MITCHELL D Name: DAVIS, JANICE L

Address: 41040 US HIGHWAY 27 NORTH Address: 2110-B BOCA RATON DR., STE. 102

City-St-Zip: DAVENPORT, FL 33873 City-St-Zip: AUSTIN, TX 78747

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: DAVIS, JANICE L Name: MAY, KRISTINE

Address: 41040 US HIGHWAY 27 NORTH Address: 2110-B BOCA RATON DR., STE. 102

City-St-Zip: DAVENPORT, FL 33873 City-St-Zip: AUSTIN, TX 78747

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: MITCHELL D. KALOGRIDIS D 10/29/2007