# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000001209

1. Entity Name
OUTLAW RIDGE OF PASCO HOMEOWNERS ASSOCIATION, INC.

FILED
09 JUN -1 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05222009 REIN-NP CR2E099 (1/07)

| Principal Place of Business | Mailing Address |
|---|---|
| 10019 OUTLAW WAY<br>LAND O LAKES, FL 34639 | POST OFFICE BOX 488<br>LUTZ, FL 33548 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

24149 Hideout Trail
Land O'Lakes, FL
Zip 34639 Country Pasco

4. FEI Number — Applied For / [X] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HEIST, REBECCA L<br>FOWLER WHITE BOGGS BANKER P.A.<br>501 E. KENNEDY BLVD. SUITE 1700<br>TAMPA, FL 33602 | Name: Stephanie Meid<br>Street Address (P.O. Box Number is Not Acceptable): 24149 Hideout Trail<br>City: Land O'Lakes FL Zip Code: 34639 |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stephanie Meid, Stephanie Meid, Director 5-28-09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $297.50** — **Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DALFINO, JOHN M<br>POST OFFICE BOX 488<br>LUTZ, FL 33548<br>[X] Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Stephanie Meid<br>24149 Hideout Trail<br>Land O'Lakes, FL 34639<br>☐ Change [X] Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STEGER, JOHN T JR.<br>18814 HANNA ROAD<br>LUTZ, FL 33549<br>[X] Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TOLLEFSON, JERRY<br>1428 5TH AVENUE<br>ANOKA, MN 55303<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition<br>000156761900<br>06/04/09--01006--010 **30632 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | REINSTATEMENT<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | RH<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Stephanie Meid, Stephanie Meid, D 5/28/09 813-695-0234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #