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

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

05222009 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	24149 Hideout Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Land O'Lakes, FL
City & State	City & State
Zip / Country	Zip 34639 / Country Pasco

4. FEI Number — Applied For ☐ / Not Applicable ☒

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEIST, REBECCA L FOWLER WHITE BOGGS BANKER P.A. 501 E. KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602	Name: Stephanie Meid Street Address (P.O. Box Number is Not Acceptable): 24149 Hideout Trail 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALFINO, JOHN M POST OFFICE BOX 488 LUTZ, FL 33548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stephanie Meid 24149 Hideout Trail Land O'Lakes, FL 34639 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEGER, JOHN T JR. 18814 HANNA ROAD LUTZ, FL 33549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOLLEFSON, JERRY 1428 5TH AVENUE ANOKA, MN 55303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000156761900 06/04/09--01006--010 **30632
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RH	☐ Delete	TITLE / NAME / STREET ADDRESS / 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 #