2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
May 11, 2009
Secretary of State

DOCUMENT# N07000001386

Entity Name: STONEBROOK CROSSING HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

7290 PARK BLVD.
PINELLAS PARK, FL 33781

New Principal Place of Business:

6757 55TH STREET NORTH
PINELLAS PARK, FL 33781

Current Mailing Address:

7290 PARK BLVD.
PINELLAS PARK, FL 33781

New Mailing Address:

6757 55TH STREET NORTH
PINELLAS PARK, FL 33781

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

FARRELL, MICHAEL S.
6757 55 ST. N.
PINELLAS PARK, FL 33781 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: MICHAEL S. FARRELL
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: FARRELL, MICHAEL S.
Address: 6757 55 ST. N.
City-St-Zip: PINELLAS PARK, FL 33781

Title: DVS ( ) Delete
Name: FARRELL, JUDITH
Address: 6757 55 ST N.
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete
Name: FARRELL, SEAN M.
Address: 6757 55 ST N.
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL S. FARRELL DPT 05/11/2009
Electronic Signature of Signing Officer or Director — Date