

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000002913

**FILED**  
**Feb 20, 2014**  
**Secretary of State**

**Entity Name:** SOUTHERN MEADOWS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

104 E REYNOLDS ST  
STE 205  
PLANT CITY, FL 33563

**New Principal Place of Business:**

3020 S. FLORIDA AVE.  
STE 101  
LAKELAND, FL 33803

**Current Mailing Address:**

104 E REYNOLDS ST  
STE 205  
PLANT CITY, FL 33563

**New Mailing Address:**

3020 S. FLORIDA AVE.  
STE 101  
LAKELAND, FL 33803

**FEI Number:** 30-0809115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUTCHER, DAVID W  
104 E REYNOLDS ST  
STE 205  
PLANT CITY, FL 33563 US

**Name and Address of New Registered Agent:**

HIGHLAND COMMUNITY MANAGEMENT, LLC  
3020 S. FLORIDA AVE.  
STE 101  
LAKELAND, FL 33803 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: D. JOEL ADAMS

02/20/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ADAMS, D. JOEL  
Address: 3020 S FLORIDA AVE SUITE 101  
City-St-Zip: LAKELAND, FL 33803

Title: VD  
Name: ADAMS, ROBERT J  
Address: 3020 S FLORIDA AVE SUITE 101  
City-St-Zip: LAKELAND, FL 33803

Title: STD  
Name: ALLISON, STACY  
Address: 3020 S FLORIDA AVE SUITE 101  
City-St-Zip: LAKELAND, FL 33803

I hereby 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 all other like empowered.

SIGNATURE: D. JOEL ADAMS

PD

02/20/2014

Electronic Signature of Signing Officer or Director

Date