

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC 11 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11182008 REIN-NP CR2E099 (1/07)

DOCUMENT # N07000004213			
1. Entity Name COURTYARDS AT REEDY CREEK CONDOMINIUM I ASSOCIATION, INC.		Principal Place of Business 2950 REEDY CREEK BLVD KISSIMMEE, FL 34747	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2950 REEDY CREEK BLVD KISSIMMEE, FL 34747	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALSH, KEVIN 10939 WOODCHASE CIRCLE ORLANDO, FL 32836		7. Name and Address of New Registered Agent Name <u>NASIR HEMANI</u> Street Address (P.O. Box Number is Not Acceptable) <u>10939 Woodchase Circle</u> City <u>Orlando</u> FL <u>32836</u>	
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 <u>[Signature]</u>		DATE <u>11/18/08</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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	President - Director Nasir Hemani <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300138139743 11/20/08--01047--002 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director William G. Grazier <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas & Secy - Director Altat Hemani <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President-Director Kevin Walsh <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	916 Elmwood Rd. Glenview, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	202 Coyote Trail Cary, IL 60013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nizar Hemani <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5525 Oxford Moor Wintermere, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Kevin M. Walsh - Director</u>		DATE <u>11/29/08</u> 407-697-6955	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	