

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000004723

FILED
Nov 18, 2008
Secretary of State

Entity Name: WICKHAM PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

517 A NORTH HARBOR CITY BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

12895 SW 132ND STREET
200
MIAMI, FL 33186

Current Mailing Address:

517 A NORTH HARBOR CITY BLVD
MELBOURNE, FL 32935

New Mailing Address:

12895 SW 132ND STREET
200
MIAMI, FL 33186

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

MCWILLIAMS, TIMOTHY F
517 A NORTH HARBOR CITY BLVD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

GARCIA, WILLIAM
12895 SW 132ND STREET
#200
MIAMI, FL 33186 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: WILLIAM GARCIA

11/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCWILLIAMS, TIMOTHY F
Address: 517 A NORTH HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: MCWILLIAMS, DONNA
Address: 517 A NORTH HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: TOLMAN, LYNN
Address: 517 A NORTH HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: WILLIAMS, HARRY
Address: 12895 SW 132ND STREET, SUITE 200
City-St-Zip: MIAMI, FL 33186

Title: D/S (X) Change () Addition
Name: MCWILLIAMS, TIMOTHY
Address: 517 A NORTH HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: D/T (X) Change () Addition
Name: SCHONBAK, MARC
Address: 12895 SW 132ND STREET, # 200
City-St-Zip: MIAMI, FL 33186

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: HARRY WILLIAMS

D

11/18/2008

Electronic Signature of Signing Officer or Director

Date