

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

ORIGINAL  
AND  
FILED

14 OCT -8 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



<b>DOCUMENT # N07000011048</b> 1. Entity Name LAKE SEMINOLE ASSOCIATION, INC.		
Principal Place of Business 1104 GARDENIA DR. TALLAHASSEE, FL 32312 US		Mailing Address 1104 GARDENIA DR. TALLAHASSEE, FL 32312 US
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc	3. Mailing Address  Suite, Apt. #, etc	
City & State		City & State
Zip	Country	Zip
4. FEI Number 51-0662048		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required



10082014 REIN-NP CR2E099 (12/11)

<b>6. Name and Address of Current Registered Agent</b>  WAITS, THOMAS A 1104 GARDENIA DR. TALLAHASSEE, FL 32312	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City
	FL Zip Code

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: 10/8/14

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$236.25**  
After January 1, 2015, Fee will be \$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	PCEO WAITS, THOMAS A 1104 GARDENIA DR. TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY- ST- ZIP	REINSTATEMENT 2014  200265214857 10/08/14--01007--003 **245.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BROCK, MILLS 107 LAKESIDE LANE. BAINBRIDGE, GA 39819	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROGNSTAD, REED 8304 SPRING CREEK DR DONALDSONVILLE, GA 39845	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	COBD - <del>Past COBD</del> GARNER, ELMON L 122 BONITA ST CHATTAHOOCHEE, FL 32324	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Title Change <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<del>DRR</del> D BINGHAM, FRAZIER 215 W COLLEGE AVE APT 504 TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Title Change <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC / <del>COBD</del> BROOME, BRENDA DONALSONVILLE COC, P.O. BOX 713 DONALSONVILLE, GA 39845	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Additional Title <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>

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: 10/8/14 TAWaits@Mindspring.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      E-MAIL ADDRESS