
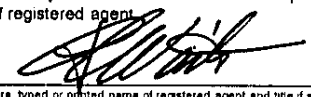



2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

ORIGINAL
FILED

14 OCT -8 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000011048 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	Country		
6. Name and Address of Current Registered Agent WAITS, THOMAS A 1104 GARDENIA DR. TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 <input type="checkbox"/> Delete		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT 2014</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;"> 700265214857 10/08/14--01007--003 **245.00 </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BROCK, MILLS 107 LAKESIDE LANE. BAINBRIDGE, GA 39819 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROGNSTAD, REED 8304 SPRING CREEK DR DONALDSONVILLE, GA 39845 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	COBD - Past COBD GARNER, ELMON L 122 BONITA ST CHATTAHOOCHEE, FL 32324 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	IPDR D BINGHAM, FRAZIER 215 W COLLEGE AVE APT 504 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC COBD BROOME, BRENDA DONALSONVILLE COC, P.O. BOX 713 DONALSONVILLE, GA 39845 <input type="checkbox"/> Delete				
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.			<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  </div> <div style="width: 20%;"> 10/8/14 </div> <div style="width: 40%;"> TAWaits@MindSpring.Com </div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 5px;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date E-MAIL ADDRESS </div>		