2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000001908

FILED Dec 04, 2014 Secretary of State

Entity Name: MAURINE LAKEFRONT PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

15319 LAKE MAURINE DRIVE ODESSA, FL 33556

Current Mailing Address: New Mailing Address:

15021 LAUREL COVE CIRCLE 15019 LAUREL COVE CIRCLE

ODESSA, FL 33556 ODESSA, FL 33556

FEI Number: 26-2136329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KLEIN, MARY E MYERS, CATHRYN J
15021 LAUREL COVE CIRCLE
ODESSA, FL 33556 US ODESSA, FL 33556 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: CATHRYN J. MYERS 12/04/2014

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: D

Name: MASSENGILL, THOMAS Address: 15319 LAKE MAURINE DRIVE

City-St-Zip: ODESSA, FL 33556

Title: T

 Name:
 MYERS, CATHRYN

 Address:
 15019 LAUREL COVE CIR

 City-St-Zip:
 ODESSA, FL 33556

Title:

Name: KLEIN, MARY

Address: 15021 LAUREL COVE CR. City-St-Zip: ODESSA, FL 33556

Title: D

Name: LEBLANC, DEBORAH Address: 15313 LAKE MAURINE DRIVE

City-St-Zip: ODESSA, FL 33556

Title: [

Name: CHAMBLISS, SCOTT
Address: 15023 LAKE MAURINE DRIVE

City-St-Zip: ODESSA, FL 33556

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: CATHRYN J. MYERS T 12/04/2014