

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000008290

FILED  
Dec 02, 2014  
Secretary of State

**Entity Name:** RESERVE AT FAIRWAY OAKS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

256 N KENTUCKY AVE  
LAKELAND, FL 33801

**New Principal Place of Business:**

3020 S. FLORIDA AVE  
SUITE101  
LAKELAND, FL 33803

**Current Mailing Address:**

PO BOX 7577  
LAKELAND, FL 33807

**New Mailing Address:**

3020 S. FLORIDA AVE  
SUITE101  
LAKELAND, FL 33803

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

CHAMBERS, TRAVIS L  
256 N KENTUCKY AVE  
LAKELAND, FL 33801      US

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

HIGHLAND COMMUNITY MANAGEMENT  
3020 S. FLORIDA AVE  
SUITE 101  
LAKELAND, FL 33803      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: D JOEL ADAMS

12/02/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: ADAMS, D JOEL  
Address: 3020 S. FLORIDA AVE., SUITE 101  
City-St-Zip: LAKELAND, FL 33803

Title: VD  
Name: HARPER, ROB  
Address: 3020 S. FLORIDA AVE., SUITE 101  
City-St-Zip: LAKELAND, FL 33803

Title: PD  
Name: PHILPOT, BRIAN  
Address: 3020 S. FLORIDA AVE., SUITE 101  
City-St-Zip: LAKELAND, FL 33803

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: D JOEL ADAMS

STD

12/02/2014

Electronic Signature of Signing Officer or Director

Date