## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N08719

Oct 31, 2006 Secretary of State

Entity Name: PLEASANT HILL LAKES HOMEOWNERS ASSOCIATION, INC.

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

1950 FERN CT 1861 PINE NEEDLE TRL. KISSIMMEE, FL 34746 KISSIMMEE, FL 34746

**Current Mailing Address: New Mailing Address:** 

1950 FERN CT P.O. BOX 422756 KISSIMMEE, FL 34746 KISSIMMEE, FL 34742

FEI Number Applied For ( ) FFI Number: FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent:

STARK, ROSLYN

WEHRLE, LOU 1861 PINE NEEDLE TRL. 1950 FÉRN CT KISSIMMEE, FL 34746 US KISSIMMEE, FL 34746

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: LOU WEHRLE 10/31/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

ACOSTA, ANGEL WEHRLE, LOU Name: Name: 2824 CYPRESS VIEW CT Address: 1861 PINE NEEDLE TRL. Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: KISSIMMEE, FL 34746

( ) Delete Title: Title: VPD (X) Change ( ) Addition

MALASPINA, ANDY Name: JONES, RON Name:

Address: 2824 LONGLEAF CT Address: 1860 PINE NEEDLE TRL. City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: KISSIMMEE, FL 34746

Title: DS () Delete Title: (X) Change ( ) Addition

STARK, ROSLYN SIEGENTHALER, KATHY Name: Name: 1950 FERN CT 1821 PINE NEEDLE TRL. Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: KISSIMMEE, FL 34746

Title: TD () Delete Title: TD (X) Change ( ) Addition

TAYLOR, CHARLES Name: TAYLOR, CHARLES Name: 3150 PINE NEEDLE TRL. Address: 3150 PINENEDDLE TR Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES R TAYLOR **TRES** 10/31/2006

Electronic Signature of Signing Officer or Director

Date